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Sean Breidenthal
Lacan's Critique of Freud's
Case of Dora and The
Therapeutic Action of
Working in the Symbolic

ABSTRACT

This study was undertaken to determine the therapeutic action of working in the symbolic order. Lacan critiques psychoanalytic theory for reducing psychoanalysis to a therapy of the imaginary, thus ignoring the true significance of Freud's discovery.

A review of contemporary accounts of therapeutic action established interpretation, the clinical relationship, and the position of the analyst as key identifiers of a theory of therapeutic action. The case of Dora was utilized to identify Freud's theory of therapeutic action. Lacan's critique of Freud's case in "Intervention on Transference" resulted in an explication of Lacan's theory of therapeutic action, particularly in regards to the differentiation of the imaginary and the symbolic.

The study clarified the significance of the difference between working in the symbolic rather than the imaginary order. It was found that Lacanian theory and practice place a distinctive focus on unconscious desire, alterity, structure, and fantasy. The findings suggest that Lacanian theory and practice offer a unique alternative to contemporary accounts of therapeutic action. As such it is hoped that Lacanian theory and practice will be better represented and utilized in the field of clinical social work.

LACAN'S CRITIQUE OF FREUD'S CASE OF DORA AND THE THERAPEUTIC
ACTION OF WORKING IN THE SYMBOLIC

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2010

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CHAPTER ONE

INTRODUCTION

This study uses a theoretical approach to examine therapeutic action and Lacan's concept of the symbolic order. Freud's case of Dora will serve as a background for the discussion. Contemporary accounts of therapeutic action and the position of the analyst will be explored. Lacan's critique of Dora will provide an opening to an explication of Lacan's assertion that therapeutic action takes place at the level of the symbolic. Thus answering the research question: How can Lacan's critique of Freud's case of Dora demonstrate the therapeutic action of working from the symbolic order? A summary of the case material of Dora can be found at the end of this chapter. Following this introduction, Chapter Two will survey the phenomenon of therapeutic action. Chapter Three will examine Freud's therapeutic action utilizing the case of Dora. Chapter Four will focus upon Lacan's critique of the case of Dora. Chapter Five will synthesize and elaborate upon Lacan's therapeutic action.

Therapeutic Action

The paper's first chapter will begin with a review of the literature on therapeutic action. Therapeutic action is, simply put, "what works" in analysis. Theories of therapeutic action include the goal of therapy and the method by which to achieve that goal. Stated most generally, the typical aim of psychoanalysis is change and this change is brought about through interpretation, or a mutative relationship with the analyst. The

paper will look at the difficulty of discussing therapeutic action across schools, as well as the hope for a scientific resolution to the question of therapeutic action.

The chapter will give specific attention to Strachey's paper on therapeutic action and then proceed to Loewald's, both of which were influential in the increased focus on the relationship rather than on "classical" interpretation. Strachey (1934) began this process by emphasizing the role of the analytic relationship in the mutative interpretation. The analyst, in his view, becomes a less harsh super-ego internalized by the patient. Loewald (1960) further emphasized the internalization of the analyst and utilized a "reparenting" model, similar to the contemporaneous development of Winnicott's "holding" or Bion's "containment". This emphasis on the reparative aspects of the relationship was far removed from Freud's "archeological" metaphor and emphasis on accurate interpretation.

The shifts shown above already highlight an important aspect of this chapter: the connection between the position of the analyst and therapeutic action. Thus, focus will not rely solely on theories of therapeutic action. Contemporary debate concerning the phenomenon of therapeutic action will lead to a focus on the position of the analyst.

Position of the Analyst

Similarly to therapeutic action the position of the analyst lies somewhere between theory and technique. One can think of Freud's "evenly hovering attention" or Anna Freud's "equidistance" from the id, ego, or superego. For these introduce a metaphor of position and distance. Likewise, the contemporary accounts of therapeutic action will be shown to have similar metaphors (though these will tend to be more relational in nature). For example, this includes that of a "container", a "parent-infant relationship", or a "co-

creator”. Position of the analyst corresponds to the groupings mentioned above: the continuum of interpretation versus relationship, defining mutative interpretation, and describing the clinical relationship. These key aspects that demarcate the position of the analyst will later be applied to Freud and Lacan and will provide the motor force behind answering the research question: what does it mean to work at the symbolic?

Interpretation and the Clinical Relationship

The two main categories used to discuss therapeutic action are interpretation and the clinical relationship. Kernberg (2007) reviews eight papers presented in a recent issue of *Psychoanalytic Quarterly* dedicated entirely to a discussion of therapeutic action. The authors represent the full range of contemporary psychoanalytic thought, including: Kleinian, Ego Psychology, Self Psychology, Relational, and Lacanian. Kernberg finds four themes: interpretation versus relationship, modification of intervention in response to varying psychopathology, the effect of therapeutic orientation on technique, and the use of countertransference (Kernberg, 2007).

These articles will provide background on the most salient features of the factors determining a clinician’s therapeutic action: the continuum of interpretation versus relationship, defining mutative interpretation, and describing the clinical relationship. Mitchell’s simple but helpful summary of three basic models of psychoanalysis will be used: the drive-conflict model, the developmental-arrest model, and the relational model (Mitchell, 1988). This will provide the opportunity to show, albeit in a less sophisticated way than later, the relationship between a theory of therapeutic action and the position of the analyst. Following Chapter Two, the phenomenon will be explored through theories of Freud in Chapter Three and Lacan in Chapter Four.

Freud and the Case of Dora

The case of Dora has received a lot of attention, both as Freud's first major case study and as an acknowledged failure. There have been many explanations for this failure and from a variety of sources, but almost all the critiques center upon the transference-countertransference relationship (Bernheimer & Kahane, 1990). Indeed, it was at the end of this case study that Freud acknowledged the central importance of transference (Freud, 1963). Therefore, the case of Dora is well suited for exploring transference and countertransference and its importance to the therapeutic action of psychoanalytic and long-term psychodynamic therapy. However, transference-countertransference is only one aspect of the position of the analyst.

Lacan and the Symbolic

The second theory will be Lacan. This too must be limited in scope. The chapter will primarily draw upon "Intervention on Transference". This does not include Lacan's later shifts and developments of his theory, though some reference will be made to these developments as necessary. As stated above, in examining the case of Dora there is an advantage to utilizing Lacan, because he wrote an article ("Intervention on Transference") on the case. His response centers around the transference and interpretation, and is instructive as to the position of the analyst and therapeutic action. Lacan (1957) critiques Freud on three accounts: he mistook Dora's heterosexuality as "natural, rather than normative", he let himself identify with Herr K, and he responded on the imaginary rather than symbolic level to Dora.

Lacan's critique of Freud will be presented, examining the main points above, and subsequently illustrating Lacan's therapeutic action and position of the analyst. Some

have drawn attention to Lacan's refusal to acknowledge any therapeutic action as a means of emphasizing psychoanalytic process and differentiating it from psychotherapy (Aisenstein, 2007). Kernberg (2007) notes that this focus distinguishes Lacanian theory from its contemporaries. However, there are occasions when Lacan states fairly clearly what his idea of therapeutic action (the aim and technique) of psychoanalysis is (though this changes in different periods of his writing). And certainly, this is closely related to his idea of a position of the analyst.

The aim of psychoanalytic treatment is to effect a change. Lacan, in the 1950s, used the model of empty and full speech. In this case the therapeutic action is to lead the patient to "full" speech (Evans, 1996). That is, for the patient to articulate the truth of his desire. This means a change in the subject's position. The analyst, to lead this process, also must "adopt a position". And this must mean, "working in the symbolic" (Malone and Friedlander, 2000). The analyst is "the instrument which enables the patient to make a 'full' statement" (Nobus, 2000, p. 66). Now this technique can best be accomplished by doing away with "the interferences in symbolic relations created by the imaginary" (Fink in Malone & Friedlander, 2000, p. 163).

Already we see it will take significant work to make this comprehensible. A host of terms must be made clear before their interrelation can be understood satisfactorily. That is, after all, the aim of the paper; to render the above statements comprehensible. It is the assumption of this work that this can be done by attaching it to the case of Dora, and by attempting to find Lacan's place among the broad-spectrum of theories of therapeutic action.

Discussion

In this final chapter the research question will be answered through an elaboration of Lacan's therapeutic action. The importance of working in the symbolic order will be explained regarding interpretation, the clinical relationship, and the position of the analyst. Lacan's "return to Freud", as well as important differences from Freud will be noted. Concepts will be elaborated further and the four discourses will be introduced. For example, both desire as a question and desire of the analyst will be further explored. Particular attention will be paid to fantasy and the unconscious structure of desire as the object of study in Lacanian psychoanalysis.

Rationale for Choice of Case

Lacanian theory is infamous for its complexity and technical terminology. Some have gone so far as to discredit Lacan as a charlatan who purposely obfuscated his ideas (Fink, 1997). Therefore it is important to apply this terminology to something concrete. The case of Dora is a worthy choice for a few reasons. First, it is a well-known case and Lacan's unique reading distinguishes him from other theorists. Secondly, the case is an acknowledged failure and lends itself to reimagining. Third, Lacan wrote a very clear critique of the case fairly early in his career. Each of these details make the choice of the Dora case relevant. Through the use of the case of Dora Lacan's development of the symbolic order can be traced. Further, his "return to Freud" as well as his distinction from contemporary theory can be shown. Since some familiarity with the case is necessary to follow the development of this project a case summary is presented below.

Case Summary

Fragment of an Analysis of a Case of Hysteria (to be subsequently referred to as "Dora") was written in 1901 but only published four years later in 1905 (Freud, 1963).

Freud's aim was to confirm his psychosexual theory of hysteria as well as to show the clinical value of the interpretation of dreams. Since Dora cut off treatment before being cured the treatment was considered a failure. Freud made use of this failure to recognize and elevate the importance of transference interpretation.

Dora consists of five parts: prefatory remarks, an illustration of the clinical picture, analysis of the first dream, analysis of the second dream, and a postscript. A fairly comprehensive summary of *Dora* will be followed by some comments on the context of the case.

Prefatory Remarks

In the prefatory remarks Freud begins on the defensive, anticipating the "judgment of the world" (Freud, 1963, p. 1). He explains that if his theory that "the causes of hysterical disorders are to be found in the intimacies of the patient's psychosexual life", then he has no choice but to approach the matter with disarming frankness- "even with a young woman" (Freud, 1963, p. 2). As a means of justification Freud compares his role to that of a gynecologist.

Aside from having to deal with social restrictions Freud also explains he had many technical difficulties. He made no use of process notes and the treatment broke off after only three months. However, he acknowledges it was difficult enough trying to recollect and present a short treatment and he may not have been able to do so had it been longer. For material emerges "piecemeal" and "over widely separate periods of time" (Freud, 1963, p. 6). The case is a "fragment" and Freud here compares himself to a "conscientious archaeologist" who must piece together ancient relics while also adding his own "restorative" speculations (Freud, 1963, p. 7).

Freud explains that he has not commented upon the technique used, thus we are presented with the results and not the process. Still, he makes a few comments in this section, and still others later, which shed light on the therapeutic process. To begin, he states that since his first studies on hysteria conducted with Breuer “the psychoanalytic technique has been completely revolutionized” (Freud, 1963, p. 6). He has abandoned the technique of clearing up symptoms one after the other, because he now understands the “finer structure” of neurosis. Treatment begins with the patient choosing the topic; this means treatment takes longer but promises a more thorough cure (Freud, 1963, p. 7).

The Clinical Picture

In this section Freud discusses the presenting problem and family history, but first he makes some important comments on technique. He states, “I begin the treatment, indeed by asking the patient to give me the whole story of his (sic) life and illness” (Freud, 1963, p. 10). Thus, he does not rely upon the report of family members, in this case Dora’s father, but begins with the patient’s account. He deems himself a “translator” of the manifest to latent, as well as an “investigator” and he quotes Goethe in extolling the virtue of patience, a “sympathetic spirit of inquiry”, and advises against an “attitude of superiority and contempt”. This would strike some of Freud’s critics as ironic considering how he went on to handle the treatment.

Freud emphasizes his role as investigator as he introduces two kinds of “disingenuousness”, conscious and unconscious. This, along with amnesia, leads to doubt and falsification of memories. Thus Freud lays specific emphasis on memory. Indeed he states that the aim of the treatment is to “remove all possible symptoms and to replace them by conscious thoughts”; and secondarily, to “repair all damages to the patient’s

memory” so that their story may be “intelligible, consistent, and unbroken” (Freud, 1963, p. 11).

Freud next turns his attention to the family. The mother is dismissed as having “housewife psychosis” and is never a principle actor in the case. It is the father who occupies the central place. It was he who “handed her over to [Freud] for psychoanalytic treatment” (Freud, 1963, p. 12). Freud explains that Dora is precocious and predisposed to neurosis due to Dora’s identification with her father, who suffered many illnesses, a possible hysteric himself. Dora also had a brother, but he was not much involved; when family disputes took place he would side with the mother and Dora with her father. Here Freud makes, perhaps, a decisive step when he called this Oedipal configuration “the usual sexual attraction” (1963, p.14).

Dora’s symptoms, beginning from age 8, are listed. These included coughing, breathlessness, loss of voice, and catarrh. The usual treatments of the day, including hydrotherapy and the local application of electricity, had not worked. Thus Freud notes, forebodingly, that she had little regard for doctors. Despite this, Freud describes her favorably as “a mature young woman of very independent judgment” and “in the first bloom of youth- a girl of intelligent and engaging looks” (1963, p. 16).

However, something was happening that caused her to be in low spirits, Freud had no way yet of knowing, and she went as far as to write a suicide note. Further, Dora made the demand that they should cease their relations with the K’s. This is what brought her father to “hand her over” to Freud with the demand to “bring her to reason” (1963, p. 20). Ostensibly, Dora’s family had simply become close to the K’s. Dora took care of their children and behaved as “almost a mother to them”, while Dora’s father had

increasingly began spending time with Frau K. He explained to Freud, “I am bound to Frau K by ties of honorable friendship” (Freud, 1963, p. 19).

As it turns out the two families were involved in an illicit partnership. Dora’s father had begun an affair with Frau K. Dora’s mother was, as she is in the case study, absent. Herr K thus, made a proposal to Dora. Dora refused him with a slap in the face and told her parents. Herr K threw suspicion back on the girl, saying his wife- until this point Dora’s close friend- had told him that Dora was obsessed with sexual matters. In the end no one believed her, her father chose Frau K over Dora’s demand, and Dora was brought to Freud. Freud initially took a position of neutrality, suspending his judgment, but in the end he sided with Dora’s account.

Freud remarks that Herr K’s proposal to Dora provides the necessary cause for his and Breuer’s original trauma theory. Freud says he has gone beyond this- not abandoned it (as he points out in a footnote)- focusing instead on the complex psychological process of the formation of symptoms (1963, p. 20). Freud mentions an earlier trauma that she shared and took place years before when Herr K grabbed and kissed her forcefully. Freud shares his technique, “I questioned the patient very cautiously, careful not to suggest or introduce language” (1963, p. 24). Yet, he also found it necessary to use his own interpolations to fill the gaps of her story. For instance, imagining that she felt Herr K’s “erect member”. In Freud’s opinion a “healthy girl” should have been excited, but instead she was disgusted. He suspects a “reversal of affect” and displacement of “sensation”, which account for her hysterical symptoms. Further utilizing his personal opinion, he shares Freud found Herr K “still quite young and of prepossessing

appearance” (1963, p. 22) and even excuses Herr K’s behavior, which he found “neither tactless nor offensive” (1963, p.31).

Freud expresses some approval of Dora’s “sharp-sightedness”. She recognized that Frau K did not “save” her father from suicide in the woods, as her family believes; rather, they had been caught in a rendezvous and concocted a story. Dora expressed her animosity toward Herr K and Dora’s father. Freud concurred, “the two men avoided drawing any conclusion that would have been awkward for his own plans” (1963, p. 28). And, “I could not in general dispute Dora’s characterization of her father” (1963, p. 27).

Freud does not act on behalf of Dora, or suggest that she, confront the adults and bring an end to this deception. He acknowledges that if her father chose her over Frau K, she would perhaps be cured; however, this would only reinforce her motive toward illness. He then explains secondary gains of illness often keep them in place. Often friends or family might try to persuade a person to change, through encouragement or abuse, but it takes the “roundabout methods of analysis to convince the patient herself of the existence of her intention to be ill” (Freud, 1963, p. 38).

Further, he questions Dora about the role she has played to help the affair continue so long. After all, Dora has been careful to occupy Frau K’s children when she knew she was alone with her father. Dora associates it to a story of a governess who pretended to care for her, but it became evident, only when her father was around. Freud interprets that Dora learned through the governess’s complaints of the affair, but also implies that Dora did the same thing for Frau K’s children. Here again Freud stubbornly insists that in fact Dora loves Herr K. She “resists”.

Dora, “with a wearisome monotony”, returns to her anger about the affair. Freud questions Dora’s use of “man of means” in describing her father, the opposite of which in German, means “impotent”. Dora shares that she knows there are other ways of gratifying a partner. Freud asks here, as elsewhere, about her source of knowledge. Dora claims to “forget”. Freud takes the time here to once again defend his frankness, as well to point out that everyone transgresses “normal sexuality” (1963, p. 43). Perhaps this critique of bourgeois sexuality helps bring to light why Freud was so insistent that Dora could enjoy Herr K’s advance. He meant to show that women enjoy sex and that children are not as “innocent” as people would like to pretend.

The uncovering of “innocence” expresses Freud’s interpretation of Dora’s incessant repetition of the same thoughts. He proposes that “supervalent” thoughts are connected to the unconscious and “cannot be resolved by thought” (Freud, 1963, p. 47). He suggests another thought is concealed; “one thought is exaggeratedly conscious while its counterpart is repressed and unconscious” (Freud, 1963, p. 48).

Freud put forward that her preoccupation with the affair had her acting “like a jealous wife” (1963, p. 48); both putting herself in her mother’s place and identifying with Frau K. Freud once again introduces the Oedipal theme, remembering that she used to care for her ill father until Frau K appeared on the scene. However, as everything seems to be coming to a neat conclusion Freud regretfully admits to some material he was unable to fit in his schematic. “In the world of reality” he explains, “a complication of motives, an accumulation and conjunction of mental activities- in a word, overdetermination- is the rule” (Freud, 1963, p. 52).

Freud is talking about Dora's "current of homosexuality". He now points out their deep intimacy. They shared the same bed, Dora was Frau K's confidant, they explored the encyclopedia of sex together, and Dora praised Frau K's "adorable white body". Freud did not give up his belief that Dora loved Herr K, but admitted that her love for Frau K was even more deeply unconscious. And though she had been betrayed by her father, Frau K too had "sacrificed her without a moment's hesitation" as well (Freud, 1963, p. 55). Freud accounts for Dora's amnesia regarding her "forbidden knowledge" and jealousy concerning the affair by putting forward the hypothesis that she loves Frau K. (1963, p. 55). This was evidently a late realization as it does not appear in his dream interpretation, but does receive more attention in the postscript.

The First Dream: "A House Was on Fire"

"A house was on fire. My father was standing beside my bed and woke me up. I dressed myself quickly. Mother wanted to stop and save her jewel-case; but Father said: 'I refuse to let myself and my two children be burnt for the sake of your jewel-case.' We hurried downstairs, and as soon as I was outside I woke up" (Freud, 1963, p. 56).

Though Freud did not discuss the process there are two technical aspects discussed at the beginning of this section. It appears Dora was able to associate very productively and make use of Freud's interpretations without much difficulty. When she did express hesitation because something didn't make sense, Freud simply encouraged her and she continued. Also, Freud paid close attention to the exact words Dora used, especially "switch-words". These are ambiguous words, which he felt acted "like points at a junction" connecting a link between the conscious and unconscious (Freud, 1963, p. 57).

Freud explains that dreams are the expression of infantile, psychosexual wishes. Many of his interpretations attempt to establish this connection. For instance, the “jewel-case” is shown to represent the female genitals. To which Dora replies, “I knew you would say that” (Freud, 1963, p. 62). Freud reintroduces the Oedipal interpretation, but suggests that her love for her father is a regression, avoiding her desire for Herr K. He comes to this desire by turning a representation to its opposite. She is not afraid of Herr K, rather she is afraid of her willingness to yield to him. Notice not much is said about the mother. Dora, like her mother, did suffer from “catarrh”, or vaginal discharge. Her father did have syphilis, perhaps part of the reason for the mother’s excessive cleaning (fear of contamination). Freud interprets the ‘fire’ as concealing the opposite, the disgusting wetness evidenced in her childhood masturbation and bed-wetting, and the aforementioned discharge. The theme of escape also represents a childish wish for her father’s protection, when in fact he is the one putting her in danger. Freud recognizes later, and too late, that therapy itself had made her feel threatened and the dream predicted her early exit from treatment (1963).

To reach his conclusions Freud had to advance many of his speculations on his own- “Dora would not follow me” (1963, p. 63). In an effort to make the necessary connection to childhood he explored bedwetting (which he related to her childhood masturbation). Some of the conjectures seem far-fetched, particularly as he tries to point out his friend Fleiss’ treatment of applying cocaine to the “gastric spot” of the nose to curb masturbation. Freud here is collecting information to fill in gaps of his theory, and supplementing it, almost as if he were associating for her. He explains he would not have had to do this had she not broken treatment off early.

The Second Dream: "I Was Walking About in a Town"

"I was walking about a town which I did not know. I saw streets and squares which were strange to me. Then I came to a house where I lived, went to my room, and found a letter from Mother lying there. She wrote saying that as I had left home without my parents' knowledge she had not wished to write to me to say that Father was ill. 'Now he is dead and if you like you can come.' I then went to the station['Bahnhof'] and asked about a hundred times: 'Where is the station?' I always got the answer: 'Five minutes.' I then saw a thick wood before me which I went into, and there I asked a man whom I met. He said to me: 'Two and a half hours more.' He offered to accompany me, but I refused and went alone. I saw the station in front of me and could not reach it. At the same time I had the usual feeling of anxiety that one has in dreams, when one cannot move forward. Then I was at home. I must have been travelling in the meantime, but I know nothing about that. I walked into the porter's lodge, and inquired for our flat. The maidservant opened the door and replied that Mother and the others were already at the cemetery ['Friedhof']" (Freud, 1963, p. 85-86).

Freud announced that this dream could not "be made as intelligible as the first", but it "afforded a desirable confirmation of an assumption" (1963, p. 85). He has also got Dora questioning her motives, as she asked why hadn't she told her parents about Herr K's proposal right away, and what was it that made her suddenly tell her parents.

The associations showed Dora identifying with a young suitor (in fact, the man she would later marry); that is she identified as a man in the dream. She remembered the strange city as Dresden where she had visited an art gallery and gazed in rapture for two hours at the Sistine Madonna. The "hof's" Freud took to be clever puns regarding

medical terms she learned with Frau K (the big book of the dream). Here Freud says, “suspicion became certainty” (1963, p. 91). Freud saw not simply curiosity about sex, but as a “phantasy of defloration, the phantasy of a man seeking to force an entrance into the female genitals” (1963, p. 91). After once more insisting that Dora loved Herr K, he reports: “Dora disputed the fact no longer” (Freud, 1963, p. 95). Freud felt quite satisfied, yet Dora responded drolly, “Why? Has anything so very remarkable come out” (Freud, 1963, p. 96)? Interestingly on this very page, only in a footnote, Freud acknowledges “Dora’s deep-rooted homosexual love for Frau K (1963, p. 96n).

After the dream interpretation Dora announced that she would be leaving. Freud finds that she had decided a fortnight prior, like a maidservant or governess. These persons had figured in the dream and Dora’s associations. His interpretation led Dora to recount a story of an as yet unmentioned governess. She, like Dora, had been seduced by Herr K. She told her parents, but rather than returning home as they had asked she waited in hope Herr K would return to her.

Freud finally found what he had been looking for; this was why Dora had waited so long in telling her parents. Further, and perhaps more importantly, Dora heard from this governess that he had told her, “I get nothing out of my wife,” and he used the same line with Dora. She recognized it and slapped him. Not because she was offended by his proposal, says Freud, but because it wounded her pride to be treated like this maidservant. Now she was treating Freud like one. Even at the very end Freud made one last assertion that she hoped to marry Herr K, and suggested it was not so “impracticable” (1963, p. 99).

Freud felt her departure was an act of “vengeance”, saying he had been “scathed” (1963, p. 100). He then considered what else he might have done. He rejected “exaggerating” her importance, “acting a part”, or giving “warm personal interest” to “provide a substitute” for what she longed for (1963, p. 101). Freud views his limits as a sign of respect, and warns against trying too hard to help. He considers Herr K, would each of them have been successful if they had just pushed harder? He reflects that a main feature of neurotics is the “incapacity for meeting a *real* erotic demand” (1963, p. 101). In the end he settled on two mistakes: the transference and the homosexual love of Frau K., each of which he discusses in the postscript.

Postscript

Freud first revisits his apologies for the incompleteness of the text and reaffirms the importance of sexuality in the development of psychoneuroses; however it is the issue of transference that takes priority. Freud explains that transferences are “new editions or facsimiles of the tendencies or phantasies which are aroused and made conscious during the process of the analysis” and “they replace some earlier person with the person of the analyst” (Freud, 1963, p. 106). And again: “A whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment” (Freud, 1963, p. 106).

Clinical practice shows, he says, “transference is an inevitable necessity” and though “it is the hardest part of the whole task... there is no means of avoiding it” (Freud, 1963, p. 107). Transference interpretation is more difficult than dream interpretation because it must be found without help from the patient. Still it must be interpreted

because it is through the resolution of transference that a sense of assurance concerning the power of the treatment is finally realized (Freud, 1963).

Freud locates the “great defect” of the treatment in the fact that he “did not succeed in mastering the transference in good time” (1963, p. 108). He reviews how she transferred feeling of her father and Herr K onto him, particularly in the second dream, and suggests interpreting this would have led to important associations and insights. It is her transference of Herr K onto him that concerns Freud most. Her desire for revenge caused her to terminate prematurely, thus she “acted out” rather than remembered.

Finally Freud, once again in a footnote, acknowledges the significance of Frau K. He explains that he was too late in understanding and explaining that Dora’s “homosexual love for Frau K was the strongest unconscious current in her mental life” (1963, p. 110n). Frau K. answered another of Freud’s riddles: the source of Dora’s sexual knowledge. He found that this repression was itself a reversal of her desire for revenge. The revenge conceals love, Freud is surprised at “the magnanimity with which she forgave the treachery of the friend she loved” (1963, p. 110n). He concludes the note that, “Before I had learnt the importance of the homosexual current of feelings in psychoneurotics, I was often brought to a standstill in the treatment of my cases or found my in complete perplexity” (Freud, 1963, p. 110n).

This is not the end, because Dora reappeared. She paid a visit to Freud and informed him that she had confronted the K’s; Frau K about the affair and Herr K about his proposal. They admitted everything and she was vindicated. Even more surprising one day she spotted Herr K in the street, he stared at her and was knocked down by a cart in the street. In any case, she was much improved, was absorbed in work and had no

interest in marrying. Freud did not take her back into treatment, believing she was not sincere, and saying, “I do not know what kind of help she wanted from me” (1963, p. 112). Freud ends by announcing, now a few years after that visit, he heard she had married recently, thus escaping her father and “reclaimed once more by the realities of life” (1963, p. 112).

Rationale and Bias

The goal of the paper is to understand the Lacanian perspective of therapeutic action, which claims to operate on the “symbolic” level. In order to do that, I must first highlight the importance of the position of the analyst in therapeutic action. I also decided to utilize Freud’s case of Dora. This case occasions a rare opportunity because Lacan offered a critique of the case. Lacan’s assessment is unique in that it focuses on the difference between working on the “imaginary” or the “symbolic” level, particularly in the transference. Since this distinction is so abstract it helps to have case material.

I feel that paying attention to the contemporary issues surrounding theories of therapeutic action lend this project added relevance. I will apply the main themes of the debate to Freud and Lacan.

I have chosen Freud and his case of Dora for obvious reasons. First, psychoanalysis begins with Freud, and Dora was Freud’s first major case study and introduced the pivotal concept of transference (Freud, 1963). Second, Lacan regarded his own theory as a “return to Freud”, and as stated above Lacan responded to this particular case in his own texts.

Freud’s theory is now outdated in some ways, simply due to the passage of 100 years from the time of the case. However, I feel it is worthwhile and important to revisit

his theory as it is the touchstone for all following psychoanalytic thought. I will focus on the period from the time of the case of Dora until his papers on technique, stopping before he introduced his structural theory of id-ego-superego. This will provide a necessary limit to my scope. Thus, I can focus in on Freud's concept of therapeutic action and the position of the analyst as explicated in his topographical model and technical papers from 1900-1915.

I choose Lacan out of my own personal interest. However, it is also important that Lacan is both very popular in Europe and Latin America and underrepresented in America. "By some estimates, half the world's practicing analysts identify as Lacanian" (Leupnitz, 2009). It seems clear Lacan has a unique and underrepresented perspective to offer clinical social work practice. Finally, from the beginning of considering this project I was intrigued by what "position of the analyst" entailed; a position that starts a process and that requires a certain discipline to maintain.

Summary

This study aims to extend the limited understanding of Lacan's theory in clinical social work. Though a focus on the therapeutic action of the symbolic order is far from exhaustive it is an important first step. Lacan is underrepresented or misrepresented in textbooks. Lacan is often considered too difficult to read and avoids easy comprehension. However, this does not mean that his thought has nothing to offer clinical social workers. Rather, it seems his thought offers an interesting counter to ego psychology and object relations, while also an interesting correspondence with relational psychoanalysis. Grounding the work in Freud's seminal text seems appropriate, for it connects with clinical social work's foundation while also providing Lacan's distinctive

critique. The next chapter will present a literature review of contemporary accounts of therapeutic action. As such it offers a valuable connection to current issues in the field, as well as a valuable framework in which to clarify Freudian and Lacanian theory and technique.

CHAPTER TWO

THERAPEUTIC ACTION AND THE POSITION OF THE ANALYST

This chapter will introduce the phenomena: therapeutic action and the position of the analyst. To review, the purpose of this research project is to elucidate the concept of the Lacanian “symbolic” and its therapeutic action. In the previous chapter it was shown that Lacan asserts that true psychoanalytic change can only occur through working in the symbolic. This draws attention to two features that are relevant to this chapter. The first is obvious and the second is implied. First, therapeutic action, according to Lacan, takes place in the symbolic. Second, the analyst’s function is effective to the extent that he or she maintains a position that allows for work in the symbolic. Consequently, in answering the question- “What is the therapeutic action of working in the symbolic?”- it is necessary to examine the contemporary status of therapeutic action and to highlight the position of the analyst.

In addition to this, the main themes that identify therapeutic action and the position of the analyst will be identified. These indicators will be applied to Freud and Lacan in the following chapters. This will provide a helpful framework with which the development of the paper can be followed, held accountable, and made clear.

To begin with, the contemporary conceptualization of therapeutic action will be introduced, which includes concerns surrounding the communication of the concept as well as attitudes toward an empirical resolution to the question. The population includes

psychoanalytic and psychotherapeutic practitioners and the scope extends back to Strachey's seminal text on therapeutic action. Following the historical development of the concept, the importance of the position of the analyst will be reviewed. Themes concerning therapeutic action and the position of the analyst will be introduced. Finally, schematics of Kernberg and then Mitchell will be used to illustrate the key indicators of a theory of therapeutic action.

Introducing Therapeutic Action

This section explores the contemporary conditions of therapeutic action, which will bring two ancillary issues to the forefront: the difficulty of theorizing therapeutic action across psychoanalytic schools, and the differing attitudes toward the promise of a scientific resolution to this problem.

The question of communicating across schools in psychoanalytic theory will be addressed. Gabbard and Westen (2003) acknowledge that the demise of the "standard technique" means there is no longer a consensus about therapeutic action. It is a concept in transition, because psychoanalytic theory itself is in transition. Pluralism has replaced "classical" orthodoxy. There are a number of different schools (Ego Psychology, Relational, Kleinian, Lacanian, Self Psychology) each approaching the concept in a variety of ways (Kernberg, 2007).

Greenberg (2002) views the clarification of what is meant by therapeutic action as a key task of contemporary psychoanalysis. Some are looking to unify psychoanalytic theory with the hope of having a theory bolstered by empirical evidence, particularly due to advances in cognitive neuroscience (Kernberg, 2007; Gabbard & Westen, 2003). Others insist there can be no true communication between schools because they are

working from different paradigms (Mitchell, 1988; Friedman, 2007). Still others find the concept of therapeutic action itself unimportant, preferring to focus on the process of psychoanalysis, rather than its effects, empirical or not (Aisenstein, 2007).

To review, a theory of therapeutic action, in general, is a theory of what effects change. Outside of psychoanalysis one can consider that an herb or drug form of an “expectorant” has the therapeutic action of promoting mucous membrane secretions. However, unlike taking a substance, psychoanalysis is a process, so a theory of therapeutic action in this field of study also requires an elaboration of the aims and techniques that bring about the change. A further consideration, just as in the administration of a drug is the diagnostic rationale for using the therapy. For example, many practitioners view psychoanalysis as unfit for low functioning patients, or at least as requiring significant modification of treatment goals (Kernberg, 2007). It follows logically that different treatment goals would necessitate a different theory of therapeutic action.

Communication Between Different Theories

In surveying the literature on the issue of communication between schools, one finds two main themes. First, there is the problem of using different verbage, but talking about the same thing. Secondly, there is the problem of using the same terms, but implying vastly different meanings.

In regards to the first problem, there is the view that explanations about what has worked in a treatment vary significantly, while what actually happened was essentially similar (Aisenstein, 2007; Gabbard & Westen, 2003). That is, similar phenomena are just being translated into different theoretical languages. Greenberg (2002) suggests that this

is partly due to the fact that much of what is going on in the psychoanalytic process is obscure. Aisenstein (2007) has an interesting view of this phenomenon; she suggests that a practitioner may choose certain theories out of an unconscious identification or unanalyzed transferences to those one associates with the theory (i.e. the theory's founder, one's analyst or supervisor).

The second problem, that of using the same words but talking about different phenomenon, is taken up by Mitchell (1988). He explains that current psychoanalytic controversies are problematic because each school holds other schools to their own standards, which from their viewpoint the other schools inevitably fail to meet. Mitchell argues that this failure is at least partially because the fundamental premises differ. Each proponent may be using the same words (i.e. interpretation, countertransference, etc.), but they are in fact talking about different phenomena (Mitchell, 1988). That is because they are operating under different paradigms. Due to this fundamental variance it is difficult to compare theories of therapeutic action.

Smith (2007) also acknowledges that when author's representing different schools write about therapeutic action they are "talking past each other" (p. 1737). In his survey of therapeutic action he not only notices, as Mitchell did, the competing positions of schools, but a more fundamental difference. He finds theorists, in their descriptions, are operating on different levels of abstraction. Some are talking about what analysis does, some on what the analyst does, and others about what happens in the interaction. Smith (2007) expresses his disapproval of "the historical trend toward conflating the theory of therapeutic action and the theory of technique" (p. 1739).

The last point has meaning for this project's emphasis on the position of the analyst. However, the dilemma can be resolved presently. This project eludes Smith's critique on account of the explicit acknowledgement I make of the connection between theory and practice. The position taken in this paper is a recognition that theory is embodied in the acts of the analyst. Finally, Smith is practically alone in this critique, others take the interdependence of theory and technique for granted (rather than viewing it as "conflation") (Gabbard & Westen, 2003; Kernberg, 2007; Mitchell, 1988).

Aside from the discursive problems presented here there is the difficulty of identifying and isolating the change agent that makes for therapeutic action. Cooper (1989) explains that even a moment of analysis is extraordinarily complex; hence it is unlikely that description alone will identify the change agent. It is this difficulty that leads some to give up the search for a unified theory and accept that different approaches all have benefits even if we cannot articulate why. This attitude perhaps best describes the current pluralism in the field of psychoanalysis. Still, developments in neuroscience give some reason to believe that the therapeutic action can be empirically identified.

Empirical Identification of Therapeutic Action

Of course, psychoanalysis has had a complicated relationship with science from its beginning. Freud's technique did draw on the scientific method, and he rigorously questioned his theories in the light of clinical data. It was Freud's hope that psychoanalysis would one day stand on equal footing with other sciences (Gay, 1998). In fact in one of his first works, written in 1895, *The Project for a Scientific Psychology* (1950) Freud attempted to locate and verify his metapsychology through the study of neurons. Interestingly, advances in cognitive neuroscience, some of which confirm

psychoanalytic theory, show that Freud was on to something (Cozolino, 2002). However, psychoanalysis is still far from empirically determining therapeutic action. As it stands now, there is no consensus on the therapeutic action of psychoanalysis.

Michels (2007) acknowledges the fact of the methodological difficulties, including the problem of employing control groups and the number of factors at play in analysis (already alluded to above). In his overview of the current situation he concludes, “We have not yet developed a strategy or a language for comparing, testing, or evaluating [therapeutic action]” (2007, p. 1733). Kernberg (2007) acknowledges the dearth of empirical support in contrast to the great accumulation of clinical experience. He allows that it is easier to observe and describe than to demonstrate, but believes it will be necessary to test hypotheses, particularly to “sort out what is specific about psychoanalysis proper” (p. 1722).

Gabbard and Westen (2003) do not see the current pluralism in psychoanalytic theory as evidence that empirical research cannot be done. It may be true that some goals and techniques may be at cross-purposes, yet interventions interact in complex ways. They believe this is an empirical question, which can be answered due to new technological advances in neuroscience. Greenberg (2002) also notes how clinical hypotheses are supported by recent neuroscience. He believes the task at hand is to demonstrate and refine therapeutic action through such empirical evidence. Those who share his belief have reason for optimism. Recent developments in neuroscience, particularly implicit and explicit memory, have lent empirical support to basic premises of psychoanalytic thought regarding the unconscious and the efficacy of making changes

in associational networks (Gabbard & Westen, 2003). Whitehead (2006) proposes a complete refiguring of therapeutic action based on empirical data.

These authors are among the most optimistic and place the empirical validation of therapeutic action as a central concern. Of course, a practitioner's attitude toward science is one element of a theory of therapeutic action, but it is not one I regard as a crucial aspect. It will not be counted among the key areas of inquiry in this investigation of Lacan's symbolic and therapeutic action.

This section introduced issues of concern in the contemporary field of psychoanalysis regarding therapeutic action, specifically communication between schools and attitudes toward a scientific resolution of the question of therapeutic action. The next section presents the development of therapeutic action by reviewing the two most influential articles on the subject.

Strachey and Loewald on Therapeutic Action

This section will begin with Strachey's paper on therapeutic action and then proceed to Loewald's, both of which were important historical contributions in the development of the theory of therapeutic action and in the increased focus on the relationship rather than on "classical" interpretation. Strachey's paper (1934), perhaps the more important of the two, preceded Loewald's by almost 30 years and initiated the process of emphasizing the role of the analytic relationship. The analyst, in his view, becomes a less harsh super-ego to be internalized by the patient. Loewald (1960) further emphasized the internalization of the analyst and utilized a very influential "reparenting" model, similar to the contemporaneous development of Winnicott's "holding" or Bion's

“containment”. This emphasis on the reparative aspects of the relationship was far removed from Freud’s “archeological” metaphor and emphasis on accurate interpretation.

Here the key concept of the position of the analyst will be introduced. This paper argues that the position of the analyst is intimately connected to any theory of therapeutic action and this is very much true of Lacan. The current state of the theory of therapeutic action owes much to these important articles on therapeutic action by Strachey (1934) and Loewald (1960). Both articles develop the idea of the analyst as an object.

Strachey’s paper provides a fitting transition from the last section because he terms it an “attack” upon the lack of precision, which causes such confusion around delineating the therapeutic effects of analysis (1934). The paper begins by reviewing the development of Freud’s thought, moving from the interpretation of unconscious wishes to resistance, and finally transference. He then gives his definition of a “mutative interpretation”, which includes his view of the importance of the analyst becoming a new object for the patient.

Calling his stance “orthodox” he proceeds to detail Freud’s papers on technique. Freud’s first theory was developed from his work with hysterics (Verhaeghe, 1999). He developed the tools of free association and interpretation, each working toward the goal of making the unconscious conscious. Of course, it was found that even after successful actions were taken the symptoms endured. Thus, “resistance analysis” was born. As Strachey puts it, the “main task is not so much to investigate the objectionable unconscious trend as to get rid of the patient’s resistance to it” (1934, p. 276). Next, Strachey, following Freud, brings his attention to transference.

The spectre of suggestion haunts psychoanalysis and the development of therapeutic action has often been centered on an attempt at differentiating the psychoanalytic method from suggestion, which is so reliant upon relationships (Greenberg, 2002). This was a cause of a rift between Ferenzci and Freud. Ferenzci and Rank (2006) acknowledged, as did Jung (McGuire, 1994), the importance of the relationship in the psychoanalytic cure. However, in Strachey's "classical" opinion, positive transference is nothing but suggestion, which had been the original tool of psychoanalysis. This is not an analytic tool for it would require unending dependence upon the analyst (1934). Thus positive transference, and of course negative transference, were regarded as obstacles, until it was realized that the transference itself could be analyzed.

And this, according to Strachey, is the opportunity that psychoanalytic transference interpretation provides: recognizing that the past "revivified" in the present allows the patient to "choose a new solution instead of the old one" (1934, p. 277). It may be clear to readers that Strachey's reading of Freud is highly influenced by the structural theory. From our vantage point we can see this ego psychological emphasis on adaptation and conceptualization of neurosis as "a deflecting force in the path of normal development" (1934, p. 280), which became so prevalent. This position is furthered as Strachey presents his original development: the analyst as an auxiliary superego.

As Strachey reaches the pinnacle of his argument and introduces the term "mutative interpretation" he also introduces the analyst as a special kind of object. Though he does not highlight it, many to follow realized that though he was talking about interpretation he was in fact placing a forceful emphasis on the relationship (Gabbard &

Westen, 2003; Greenberg, 2000). A central part of the theory is that the patient uses the analyst as a new object, hence elevating transference analysis to an essential rank.

Through the internalization of the analyst's interpretations the patient modifies his own harsh superego, thus modeling his own upon the more realistic, less severe "auxiliary" superego of the analyst (Strachey, 1934).

To summarize, the first stage is an id-impulse; the libidinal transference toward a new object, which is a new opportunity, and yet one the patient is likely to enact in old ways (Strachey, 1934). The second stage occurs when through the conflict of fantasy and reality (here the influence of Klein is palpable) the patient realizes the needless harshness of their superego. However, insight is not enough. Internalization must occur. The final point to be made is that the analyst must maintain "neutrality", neither suggesting bad nor good qualities so that the patient's fantasy can take hold and finally be confronted.

Loewald (1960), in many ways similar to Strachey, advances this idea of the importance of the new object relation. Additionally, he develops the reparenting metaphor, and clarifies the concept of "neutrality". More explicitly than Strachey, Loewald views the development of a new "object relationship" as the change agent in analysis. All hope rests in a new object relationship, though first something familiar (the fantasy) must be provoked. Similarly to Strachey, he identifies the importance of identification and introjection, as such he places interaction with the analyst at the center of the process.

Loewald (1960) abandons drive theory for ego-psychology, consequently leading to a concentration on ego-development. Here, he breaks new ground in developing the parent-infant metaphor. Whereas, interaction as a central part of therapeutic action had

been put forward previously, he also puts ego development at the center of the therapeutic process. Phrases like “organization of the psychic apparatus” and “mutual responsiveness” have obviously found fertile soil (Loewald, 1960, p. 24) through attachment theory, for instance.

Like Strachey he emphasizes “neutrality”, but is not talking about “objectivity” (Loewald, 1960). Neutrality might simply be described as not being pulled into the transference, or allowing the transference to develop. In any case neutrality is the only way that the analyst can hold himself in position to be a new object. So here, finally, the position of the analyst comes into relief.

By way of transition to the next section let’s revisit one of Loewald’s key points: the function of the mother is similar to the function of the analyst. This is quite different from Strachey’s metaphor. He uses this word “function” numerous times. Reconsidering the word “neutral” as well it is possible here to substitute “position of the analyst”. Canestri (2007) states that, “Analytic neutrality” can be seen as, “the behavioral and emotional position of the analyst in his or her relationship with the patient, from which the analyst observes various features while maintaining an optimal distance” (p. 1610). From this perspective the same can be said of Strachey’s “auxiliary superego”, this represents a position the analyst assumes and maintains in the interest of acting as a functionary of the therapeutic action.

Before continuing it may be helpful to make some initial comments on how this relates to Lacan. Lacan’s theory was developed in response to authors like Strachey and Loewald, who placed emphasis on ego development. In this reply, sometimes it might be considered an attack, Lacan offers what he terms a “return to Freud”. In his view

psychoanalysis had strayed and become a therapy of adaptation. Lacan, with the benefit of structural linguistics, developed what he saw as the logical consequences of Freud's discoveries. Lacan's viewpoint can best be expressed by his juxtaposition of the imaginary and the symbolic, which will be explored below.

Position of the Analyst

To this point the paper has discussed the contemporary status of therapeutic action and reviewed the important historical move toward the relationship as represented by Strachey and Loewald's seminal papers. Focus now shifts to the important task of appending "position of the analyst" to the therapeutic action. Strachey and Loewald offered examples of the function of the analyst, which showed a positioning, as well as a discipline required of the analyst to hold that position. This discipline has often been called "neutrality". Freud (1912) introduced this position as "evenly hovering attention". Anna Freud (1966) updated this for structural theory by advocating the importance of keeping one's attention at an "equidistance" from the id, ego, and superego.

The significance of all this relies entirely upon its usefulness in helping to reach the ultimate goal of understanding Lacan's concept of the symbolic. Therefore, that connection should be made presently. The aim of psychoanalytic treatment is, in the simplest measure, to effect a change. Lacan, in the 1950s (the same period in which he offered his critique of Freud on the case of Dora), used the model of empty and full speech. In this case the therapeutic action is to lead the patient to "full" speech (Evans, 1996). Another way to put this is for the patient to articulate the truth of his or her desire. This connotes a change in the subject's position. The analyst, to lead this process, also must "adopt a position" (Malone & Friedlander, 1999). The position the analyst adopts

must be one that allows for “working in the symbolic”. The analyst is “the instrument which enables the patient to make a ‘full’ statement” (Nobus, 2000, p. 66). Now this technique can, according to Lacan, only be accomplished by doing away with “the interferences in symbolic relations created by the imaginary” (Fink in Malone & Friedlander, 1999, p. 163).

Any brief description of Lacan’s theory is doomed because each of his terms has a specific place in a larger theoretical context. Nonetheless, an attempt will be made here to give a clinical example of working in the symbolic, which will of course be expanded upon later. The imaginary is a level at which the subject compares him or herself to all others. The symbolic sets up a different relationship- not to “others”, but to the “Other”- not an individual but a structural level.

Lander (2007) describes the aim of Lacanian technique as insight and reliving. This draws attention to the importance of increased self-knowledge with equal emphasis on an emotional experience. However, as Aisenstein (2007) explains, interpretation is not directed at cognitive understanding (as in ego psychology), rather it is about approaching the primary process. Therefore, interpretations are not didactic or explanatory, instead they are indirect and allusive (Aisenstein, 2007). This is because attention is paid to the *symbolic* rather than the *imaginary*.

According to Lacan, it is in the symbolic that true change can occur (Lacan, 2006). The imaginary is the realm of images, including the self-image or the ego. This is also the realm of identifications. Lacan is very clear that the patient identifying with the analyst is not a goal of treatment.

Lacan suggests that most neurotic clients will view the analyst as “the one supposed to know”, someone who has secret knowledge of his problems. Fink (1997) explains that the analyst need not disavow this power (in an attempt to be “authentic”), but neither should she claim it and take up the position of the “master”. One of the goals of treatment is the symbolization of what is traumatic (also called “the real”). However, in the process, as one gets closer to the core, repulsion increases. This is often called “resistance”, though Lacan views it as a natural process in the process of the symbolization of the traumatic real (Fink, 1997). At this point the analyst can blame the patient, or conversely, the patient might question the analyst’s ability. It is precisely here that the analyst might be tempted to respond at the imaginary level in order to defend her credibility. But such a response is on the level of her persona. Fink states the analyst “need not respond as an ego” rather it is better, to continue to occupy the position of an abstract function. In short, one must be positioned as an Other (1997, p.121).

The position of the analyst is an abstract concept, often expressed figuratively through metaphor, which denotes how the analyst should position and maintain himself in relation to the patient. It has consequences in regards to what the analyst’s main responsibilities are, the how and what of interpretation, the understanding of the clinical relationship, and how to handle the transference. The contemporary accounts of therapeutic action can be shown to have similar metaphors of position (though these will tend to be more relational in nature). For example, this includes that of a “container”, a “parent-infant relationship”, or a “co-creator”. The position of the analyst corresponds to the issues that will be discussed in the next section: interpretation and the clinical relationship. These key aspects that demarcate the position of the analyst will later be

applied to Freud and Lacan and will provide the motor force behind answering the research question: What does it mean to work at the level of the symbolic and what is its therapeutic action?

Therapeutic Action: Interpretation and Relationship

Having developed an understanding of therapeutic action and the position of the analyst the time has come to properly introduce the framework that will be used throughout the paper to identify therapeutic action. Briefly, the frame will be determined by the interpretation and the clinical relationship. In this section views concerning interpretation and the clinical relationship will be introduced, followed by a more specific inquiry into each.

In a survey of the literature the most common conceptualization of therapeutic action is centered on a dichotomy of interpretation and the relationship (Abend, 2009; Aisenstein, 2007; Canestri, 2007; Fonagy, 1999; Gabbard and Westen, 2003; Greenberg, 2002; Kernberg, 2007; Mitchell and Black, 1996; Smith, 2007). Historically, interpretation was considered the only tool available to the clinician (Greenberg, 2002; Mitchell, 1988). The curative factors of the relationship were downplayed due to discomfort about the unfounded nature of suggestion. While suggestion may lead to a therapeutic cure, it cannot be considered a properly analytic cure. Eventually, as seen in Strachey (1934) and Loewald (1960) as well as the development of relational psychoanalysis, the relationship became increasingly valued as a change agent (Abend, 2009; Greenberg, 2002; Mitchell & Black, 1996).

Recently, some authors have proposed that the opposition of the relationship and interpretation is no longer tenable (Gabbard & Westen, 2002; Pine, 1998).

Gabbard and Westen (2003) propose that the interpretation versus relationship debate has been diminished by the continual plurality of psychoanalytic approaches. They suggest that research, such as the Menninger Research Project, show that independent of a clinician's approach therapeutic effects were found. Further, elements of each approach work "synergistically" (Gabbard & Westen, 2003). Greenberg (2002) proposed as much when he noted that the declarative unconscious seemed connected to memories and interpretation, while research in procedural unconscious suggest non-verbal, relational modes of therapy are most effective. In the section on therapeutic action and science it was shown that far too much is happening at any moment in the mind in therapy to understand precisely what is happening.

Still, as Kernberg (2007) shows the pitting of interpretation against relationship as the fundamental mover of therapeutic action remains to this day. It can be said that while the clinical relationship and interpretation might not be mutually exclusive they are jointly exhaustive in accounting for therapeutic action. Thus authors tend to still organize theories as though along a continuum (Abend, 2009; Canestri, 2007; Greenberg, 2002; Kernberg, 2007).

Historically, interpretation was long regarded as the exclusive method of psychoanalytic therapeutic action. Slowly, clinicians began to assert there was "something more" going on and many now emphasize the relationship as the true therapeutic factor (Greenberg, 2002). Lear (2000) expresses caution to all those who find Freud foolish and obsolete and believe that all is now figured out. Don't mistake change for progress, the same limitations of context and understanding affect us today. In this project the position is taken that clearly the relationship and interpretation are abstract

concepts that are not neatly distinguished; however, they are also the most commonly employed concepts with which to assess a particular theory of therapy action and so are best suited for the purposes of understanding the therapeutic action of working in the symbolic, according to Lacan.

Interpretation and Therapeutic Action

Kernberg (2007) reviews eight papers presented in a recent issue of *Psychoanalytic Quarterly* dedicated entirely to a discussion of therapeutic action. The authors represent a full range of contemporary psychoanalytic thought, including: Kleinian, Ego Psychology, Self Psychology, Relational, and Lacanian. Kernberg finds four themes: a continuum of interpretation versus relationship, modification of intervention in response to varying psychopathology, the effect of therapeutic orientation on technique, and the use of countertransference (Kernberg, 2007). For the purposes of this paper I will use his appraisal to begin a discussion of the Interpretation-Relationship continuum and to describe mutative interpretations.

Below (Table 1) presents the continuum, with those schools more focused upon interpretation at the top and those more focused upon the relationship at the bottom. Also, next to each school is provided a brief summary of each school's view of a mutative interpretation. For the remainder of this section I will elaborate on this chart. Summaries such as these are inevitably reductionist and it is likely that none of the schools would be happy with how they are represented here. Nonetheless, schematic illustrations such as this one can be very helpful.

Table 1:

Interpretation Continuum

	School	Interpretation
Interpretation	Lacanian	Enigmatic interpretation of deep unconscious meanings; insight beyond cognitive, includes emotional and primary process
	Kleinian	Transference interpretation; focus on here and now, destructiveness; insight into unconscious fantasy
	Ego Psychology	Transference interpretation; surface level interpretations; resolution of pathological defensive systems
	Self Psychology	Focus on developmental needs; provisions of a corrective emotional experience
Relationship	Relational	Development of a new relationship with the analyst; Use of countertransference in interpretation

Kernberg (2007) places Lacanian theory at the far end of the Interpretation-Relationship continuum. The Lacanian approach employs “deep” interpretation and makes very little use of the “real” relationship. The aim of interpretation is insight and reliving (Lander, 2007). However, the interpretation is not directed at a cognitive level. Rather, it has an “associative and allusive character that would appeal to the primary process beyond the patient’s cognitive grasp” (Kernberg, p. 1698). This separates Lacanian interpretation from Kleinian and Ego Psychological interpretation, though the latter emphasize insight. A further separation is that transference should not be

interpreted (Aisenstein, 2007); focus is on the analytic function and not the person of the analyst.

Kleinian interpretation appears next on the continuum. The aim, again, is interpretation that leads to insight. Eizirik (2007) explains that Kleinian interpretation is directed to the here and now. The task is to “give a precise and timely interpretation of what the patient is doing to the analyst” (Canestri, 2007, p. 1608). There is a unique focus on a systematic interpretation of the transference and countertransference, for example destructiveness. The insight into roles enacted in the transference helps distill reality from fantasy (Hinshelwood, 2007). Unlike relational approach, though Kleinians use countertransference, they are generally against disclosure.

Ego Psychology also views interpretation as leading to insight. However, the level of interpretation works at a more surface level than Lacanian interpretation (Kernberg, 2007). The aim is to focus on the ego and help establish new, more adaptive defenses. Abend (2007) acknowledges the influence of the Kleinian focus on the pre-oedipal and use of countertransference, but maintains a focus on aggressive and sexual conflicts, including of course those that occur in the transference.

Self-psychology is the first theory mentioned thus far that interprets from within the relational matrix (Kernberg, 2007). The analyst becomes the object that the patient needs, an idealized selfobject. The analyst makes interpretations, but the content is less important than the provision of “mirroring” and “empathetic holding”. Interpretations give an implicit “responsiveness” and “legitimization” that the patient needs. Differing from Klein, frustration is attributed exclusively to the environment and not to a primary destructiveness. The empathetic surround, or containment, sets the stage for incremental,

optimal frustration. Though there are obvious differences, there is one similarity here with Lacanian interpretation: an internalization of the analyst's function (Eizirik, 2007).

The relational approach also makes interpretations from within the relational matrix. There is a focus on the here and now to a degree even more than self-psychology, and this necessitates spontaneity, which may include the analyst's subjective response. The focus is on "the characters the patient has created to represent his or her experience" (Kernberg, 2007, p. 1715). The analyst has the flexibility and partakes of the freedom to share his or her own reactions in the analysis of what is happening in the clinical relationship.

Summary of Interpretation

Strachey (1934) introduced the concept of "mutative" interpretation; however, this has obviously expanded in the current pluralistic era of psychoanalysis. Friedman (2007) has even considered something as general as the "provision of new perspectives"- a far cry from the accurate explanation of symptoms and psychic conflict. Fonagy (1999) also suggests that the reconstruction of memory is outdated and that interpretation is only useful if directed to the here and now.

The above shows some of the key aspects of what is considered the therapeutic action of interpretation. This includes the aim of interpretation and the quality of the interpretation. First, the interpretation is supposed to do something. For example, interpretation may encourage free association or it may provide a support. Typically the goal is insight, which of course can mean many things. Interpretation might be aimed at producing insight into wishes, fear, fantasies, defenses, conflicts, transference, relational patterns, or countertransference (Gabbard & Westen, 2003). Secondly, a "good"

interpretation has certain qualities. For example, it is supposed to be accurate, or perhaps empathetic. Also it is supposed to emphasize a period of time, either the here and now or reconstruction of memory. For example, the analyst provides interpretation that is at a certain level of insight: “deep” as opposed to explicitly aimed at the cognitive or adaptive level. Finally, there is the position of the analyst. As I have stated, this comprises the function of the analyst in facilitating the therapeutic action. In regards to interpretation, this includes the relative importance of transference and the use of countertransference.

Mitchell’s Three Models and the Clinical Relationship

Earlier it was noted that Mitchell (1988) acknowledged the difficulty of discussing therapeutic action between schools. Perhaps, Mitchell aims to help bridge this divide as he presents what he believes are the three dominant models of psychoanalysis: the drive-conflict model, the developmental-arrest model, and the relational model (Mitchell, 1988). Once again a table (Table 2) will be utilized to illustrate the topic. Mitchell looks at the history and premises of each model. Interpretation will be briefly noted before moving on to the primary focus of this section: the conceptualization of the clinical relationship.

In Mitchell’s summary he points out that the drive-conflict model developed out of hypnotism and is grounded in drive theory. The aim is to uncover the hidden infantile wishes and the main tool is the interpretation of free associations. Mitchell points out Freud’s use of zoological and military metaphors, as the work is described as a “battle” against resistances to uncover “bestial” id drives (Mitchell, 1988). Moving to the developmental-arrest model Mitchell describes a shift to the pre-oedipal relations of the child, which predate the formation of the drives. The metaphor used here is the mother-

infant relationship. Once again interpretation is the primary tool of analysis, but accuracy is less important than the implicit communication of empathy and care. It is through regression and “holding” that the patient’s natural development can “reassert itself spontaneously” (Mitchell, 1988, p. 286), and thus reconnects with a true self that had been lost due to environmental deficits. Here are echoes of the position of the analyst as presented by Strachey and Loewald. The relational model also places emphasis upon early relational experiences, but not as a developmental need that should be liberated. Rather, the focus is on the relational world of the patient as manifest in the analytic relationship. With the background of the three models now introduced focus can be placed on the clinical relationship presented in each model.

Table 2

The Clinical Relationship

Model	Clinical Relationship	Use of transference and countertransference
Drive-conflict	Archaeologist; analyst as a function; help to gain insight	Focused on infantile wishes and conflict; must not “play the game”
Developmental	Parent-infant; analyst as object to be internalized; help to get back on track	Focused on developmental needs; utilize transference for information, but no disclosure
Relational	Here and now; co-creator; help to find a new way of relating	Focus on current clinical relationship; counter-transference and disclosure

According to the relational model, due to early object relations the patient's self-organization is patterned on established pathways of connecting to others. These habits come out in the process of therapy. In a move that clearly emphasizes the relationship over interpretation, it is the interaction within the analytic relationship that is mutative. The analyst plays a crucial role by "discovering himself within the structures and strictures of the repetitive configurations of the analysand's relational matrix" (Mitchell, 1988, p. 292). Opposed to the drive-conflict model the analyst must "play the game". Therefore transference and countertransference are constantly in use. The developmental-arrest model focuses on past, and places the analyst as facilitator, believing relational patterns manifest independent of therapist. Both the drive-conflict model and the developmental-arrest model would see such participation as intrusive and needlessly involving the self in the process. The relational model is a collaboration, with a focus on the here and now and a two person model.

Here it is important to pause and consider the position of the analyst as presented by the first two models in order to recognize the radical shift represented by the relational model. In both the drive-conflict model and the developmental-arrest model the analyst works from outside, whereas in the relational model the analyst works from the inside.

In the drive-conflict model the analyst's demeanor is objective and detached. The analyst is present as function, to frustrate and spur insight, but not as a relating person (Mitchell, 1988, p. 283). Transference is regarded as resistance; therefore "not joining in the game is the principal task" (Fenichel in Mitchell, 1988 p. 284). Countertransference is not considered useful. The analyst's attention is toward the past and hidden conflict, helping the patient renounce his infantile wishes.

In the developmental-arrest model focus is not upon renunciation, but the “provision of maternal functions” (Mitchell, 1988, p. 288). The analyst will offer an environment in which the patient feels safe to regress and to re-experience. There is much more focus on affect. The analyst will be prepared to bear whatever transference the analyst throws at her with empathy. This offers a new experience. Again, according to Mitchell, both of these approaches have the analyst work from outside the patient’s “relational matrix” (Mitchell, 1988). In contrast, the relational model has the analyst working within the relational matrix.

Summary of Clinical Relationship and Therapeutic Action

The above helps to establish, as illustrated in three different models, the key aspects of the clinical relationship as it relates to therapeutic action. As can be seen above there is much to consider in just how the analyst interacts with the patient. One way to understand it is to see the relationship as utilizing natural processes, while also interrupting those processes.

The relationship is a different kind of relationship; some view this in itself as mutative. For example, Loewald and Winnicott believe in the natural ability of the patient to get back on track once their developmental needs are met. Still there is an aspect of interfering with the normal construction of meaning, particularly since this may be symptomatic. Friedman (2007) sees this as a “deconstruction of desire”, which is particularly evocative of Lacan. In any case, the therapist takes up a position in the relationship. Generally, some see the mutative factors as an internalization of the analyst or identification of relational patterns. These privilege the relationship over

interpretation, though once again it is difficult to separate interpretation and relationship in such a process.

Summary

In summary, the therapeutic action of the interpretation has been described as including the aim of the interpretation, the qualities of the interpretation, and how the interpretation establishes the position of the analyst. The therapeutic action of the clinical relationship can be understood through the conceptualization of the therapeutic frame, the description of the clinical relationship (particularly in metaphor), and the use of transference and countertransference. These specific indicators of a theory of therapeutic action will work as the method by which Freud and then Lacan's theory of therapeutic action will be identified.

CHAPTER THREE

FREUD AND THE CASE OF DORA

This chapter will explore Freud's theory of therapeutic action as evidenced in the case of Dora. A summary of the case has been given in the Chapter One. The examination of therapeutic action here will follow the outline set forth in Chapter Two. To begin, Freud's theory of therapeutic action will be stated. Then the key components of a theory of therapeutic action will be explored. In order to make things easier, reference will be mainly restricted to the following elements of the case: Dora's complicity in the affair, the scene by the lake in which Dora slaps Herr K., Dora's relationship with Frau K., and the transference. The grounds for this decision can be justified in that those elements of the case chosen and those left out are in accord with Lacan's interest, and as such offer the surest path toward answering the research question. The chapter will conclude with a survey of critiques of Freud's case study. This will help to set the stage for Lacan's critique of the case, which will be explored in depth in Chapter Four.

Freud's Therapeutic Action

Freud's theory of therapeutic action is, simply stated, to make the unconscious conscious through the employment of free association and interpretation. Key to Freud's theory of therapeutic action are the concepts of "splitting" and "displacement". The understanding, reached through his early clinical experience with hysterics, was that

dissociation occurred because of the emergence of a representation antithetical to the ego. In hysteria, the affect of the repressed representation was then converted to a physical symptom. For example, Dora's desire for Herr K., which Dora's ego would not admit to consciousness, was expressed by the appearance of aphonia in his absence. Thus, the goal was to associate, to recombine the split, and recover through abreaction, or catharsis. That which had disappeared can now return to conscious associative activity (Freud, 1950). This is the aim.

Freud's "revolutionary" approach was that, unlike Charcot, and most other scientific methods dealing with hysterics, Freud employed an artful technique of listening that implies a very different sense of therapeutic action. The symptoms, like dreams, are saying something. Along with encouraging the patient to speak and remember (and so abreact), the technique includes a careful listening to how the patient makes sense of their suffering. However, because of the split of conscious and unconscious, the analyst cannot take the words at face value, but must listen carefully and find the false connection. In the case of the hysteric's physical symptoms the analyst must read these displacements as displacements of a psychosexual desire.

Hysteria dates back to at least 2000 B.C. when in Ancient Egypt it was recommended that the wandering uterus be treated by marriage. Plato's teleological explanation was that the uterus longs for children. When it is barren it becomes disturbed and begins wandering throughout the body and causes physical symptoms, such as difficulty breathing (Verhaeghe, 1999). While this may sound peculiar, there were still other cruel treatments, including hydrotherapy and electrotherapy (treatments that Dora had already tried before coming to Freud) (Decker, 1991).

As Freud engaged in the talking cure he noticed the great difficulty of separating fact from fiction, trauma and fantasy. He found not seduction, but erotic impulses to be the rule. So his investigation turned not to a mysterious trauma, but to an inarticulable desire. At the time of Dora, Freud had shown how desire was split from consciousness and displaced, only to return in dreams, slips of tongue and mistakes, and in jokes (The Interpretation of Dreams, 1900; The Psychopathology of Everyday Life, 1901; Jokes and their Relation to the Unconscious, 1905). With the hysteric it was found that the symptoms were directed to another person and were related to identification; yet another example of the way that desire was displaced. Again, unlike others, Freud listened for the metaphorical significance, and he settled upon the metaphor of “upstairs/downstairs”; that is the displacement of unacceptable desires out of consciousness “down” to the unconscious.

This of course is what is known as repression. Freud originally thought repression was a conscious defense, but then moved on to view it as involuntary. Hysterical people, he explained, “Do not know what they don’t want to know” (Freud, 1899). Still they- or something, rather- puts up resistance and blocks the goal of therapy, which is associating to fill up gaps in memory. Screen memories illustrate the problem very well; an “innocent”, supervalent idea is conscious and hides the offending repressed idea. In summary, Freud developed a theory and technique that dealt with hysteria differently, recognizing the desire and repression involved in the formation of symptoms. His view of a mutative interpretation further conveys his theoretical views.

Mutative Interpretation

In this section Freud's view of mutative interpretation will be explored. As discussed above, his attention was drawn to repressed desire. The aim of his interpretations was to bring the unconscious to light and to fill in gaps of memory. So in the act of remembering the patient was also coming to terms with his or her desire. In Dora there is an unwavering attention to the figure of Herr K. that seems peculiar to this case. Freud later felt he should have interpreted the transference and Dora's unconscious homosexual love for Frau K. This self-critique will be considered following a review of the interpretations he made of Dora's complicity in her father's affair with Frau K., her refusal of Herr K., and her dreams.

As Freud listened to Dora tell her story his interest was first provoked by Dora's refusal of Herr K.'s proposition. Later, when she adds an earlier scene in which he grabbed and kissed her, Freud is surprised by her disgust. Not wanting to side with bourgeois sexual morality he affirms that young girls have sexual feelings. Along these lines, he views disgust, like guilt, to be a denial of unconscious desire. Hysterics are unable or unwilling to feel sexual pleasure. This explains why he would assert that a "healthy girl" would have felt something. So Freud has located, in her inability to articulate what he believes a normal girl would feel, a repression, or an act of her conscience denying a desire. Freud repeatedly contended that Dora wished to yield to Herr K., and that she loved him. "Her illness was therefore an illustration of her love for K." (Freud, 1963, p. 32). He interpreted her symptoms quite directly in an attempt to prove this to her. For example, she had an irritation in her throat due to a displacement of the sensation of his "erect member" from their embrace; evidence of a denial of the

pleasure she felt. She had aphonia when he was away, as opposed to Frau K, who was sick when he was present. Thus, if Frau K expressed her hatred of her husband, Dora was expressing her love. So Dora slapped him in the scene by the lake not because she found his proposal indecent but because she was offended when she recognized, “You know I get nothing from my wife” as the exact proposal he had used previously with the governess. Throughout the treatment Freud took Dora’s “No”- particularly the denial of his assertion that she loved Herr K.- as a confirmation, as an unconscious “Yes”. He never relented, even up to the end when he suggested the possibility of Dora and Herr K. marrying.

When Freud was convinced of the affair, taking Dora’s word over her father’s, he did not react with empathy, but rather with curiosity about Dora’s complicity. How was it possible that after the gifts and private walks with Herr K that she could be surprised that he was attracted to her? She had ignored the warnings of her governess, who had been aware of Dora’s father and Frau K.’s affair from the start. Though Dora had respected the governess, she had written her off as jealous. And hadn’t she helped look after Frau K’s children and kept them away from the home when she knew her father and Frau K were together? Thus, Freud interpreted that she saw the exchange of Father-Frau K. and Herr K.-Dora coming. Dora had little interest in talking about this. Freud noted that she would much rather complain about her father’s behavior. So Freud interpreted these reproaches as self-reproaches. Again, turning her complaint back upon her. Not because he wanted to blame her, but to draw attention to her unconscious wish.

In his interpretation of Dora’s dreams Freud paid attention to these reversals as well as her identifications. For example, in the first dream Freud reversed fire to wet, and

interpreted her fear as in fact a willingness to yield. Freud viewed his job of interpretation to “discover the connecting link” or “establish the relation” between the dream and the events with Herr K. (Freud, 1963, p. 57). He fastens on the “jewel case”. In this dream he viewed Dora as indentifying with her father; her symptoms expressed a sympathy with her father, but also a reproach “he has made me ill, just as he made mother ill” (Freud, 1963, p.74). In the second dream he found her identifying with a young suitor who was searching for a woman, and observing a painting of the Madonna. This allows him to interpret her many questions about stations and boxes as inquiries about the female genitals; the question “where is the key” is the corresponding question about the male genitals. He found this curiosity to be supported by her use of medical terms as puns for the female genitals. As Freud looks back at the second dream he states, with an evident sense of success, “it filled a gap in her memory” and “made it possible to obtain a deep insight into the origin of another of her symptoms” (Freud, 1963, p. 85). Thus, his technique had helped to achieve his aim.

Now it is possible to track what Freud had hoped to accomplish with his interpretations. From the beginning he instituted the “fundamental rule”, that the patient should say whatever comes to mind. Freud continually encouraged Dora to associate. The goal was to fill in her story and to acknowledge her unconscious desire as expressed in her hysterical symptoms and dreams. Even with the failed attempt at convincing her of her love for Herr K. Freud did manage to produce associations; Frau K. acknowledged her friend also thought she like Herr K and she admitted that she may have liked him before, but not anymore.

Freud's interpretations acknowledge the complicated structure of neurosis and the overdetermination of symptoms. The symptoms cannot be reduced to a single cause and the causes are interwoven across different contexts. Of course, his interpretations also emphasized the importance of the sexual. When it comes to discussing the sexual he repeatedly advocates being dry and direct. So for example when he catches an important "switch-word", "a man of means", and realizes its counterpart is "impotent", Freud concludes Dora has a fantasy that Frau K. pleases her father with oral sex. However, he does not stop there, he also connects this oral eroticism to her thumb sucking as a child. These all are related to her cough, which has already been connected to her love for Herr K. Thus, we find the overdetermination of her symptom, which involves multiple contexts, childhood, sexuality, and an identification with her brother.

To set aside overdetermination and look again at "switch-words", Freud finds in these the opportunity to use the ambiguity to make connections between what is supervalent, or excessively present, and that which is hidden. He views his task as "extracting unconscious thoughts from the patient's associations" (Freud, 1963, p. 103). And these interpretations of what is displaced, condensed, or compromised helps to fill in the gaps, thus enlarging her psychic capacity to know what she knows. Freud said Dora's favorite phrase was "I don't remember that" (1963, p. 50), but he was certain that some part of her did remember, did know, and his aim was to help her in a process of interpreting and associating to reclaim her knowledge and desire. This was the process of interpretation.

However, in the process a "complication" arose. Freud, reluctantly admitted he had missed something incredibly important, something that did not fit into his Oedipal

schema (boy for mommy and girl for daddy). In fact, it was something very un-Oedipal. Dora loved Frau K. It is interesting that these revelations were relegated to the marginalized position of the footnotes, even though he states that the more he thinks about it, the more time that separates him from the case he believes “the fault in my technique lays in this omission” (Freud, 1963, p. 110n). And again, he states, “Before I had learnt the importance of the homosexual current of feelings in psychoneurotics, I was often brought to a standstill in the treatment of my cases or found myself in complete perplexity” (Freud, 1963, p. 110n). But Freud does not say what he should have done to avoid this perplexity, or how realizing it earlier would have changed his interpretations. It appears that he knew this was an important discovery, but he didn’t know what to make of it.

Freud did spend considerable more time discussing his other self-criticism and revelation, the importance of transference. This will be explored further in the next section of the paper on Freud’s view of the clinical relationship.

The Clinical Relationship

For the most part it appears that Freud views the real relationship as an obstruction to the interpretive process. He rarely comments on it and instead focuses on the patients unconscious as the object of study. Many of his views on the clinical relationship are expressed in the postscript, when Freud reflects upon the importance of transference. He notes that transference is not specific to psychoanalysis, but the clinical relationship allows for it to manifest in a unique way. The transference is problematic, but necessary. At first regarded as an obstacle, it is reevaluated as an essential tool. Nothing but the transference can give the necessary “conviction” of the effectiveness of

an analysis. He explains he failed in the Dora case because he “did not master the transference” (Freud, 1963, p. 108). Freud uses his failure to recognize and elevate transference to a preeminent position within the therapeutic action of psychoanalysis.

In his view, had he been able to properly interpret the transference he would have been able to use it to further help Dora continue with her associations and make connections. He states that because he did not interpret, and because Dora did not remember, she acted out her feelings. She left Freud just as she had left Herr K.’s house, and just as she had wanted to flee the house in her dream. Freud laments, “I ought to have listened to the warning myself” (1963, p. 109).

Let’s quickly remind ourselves of the prevailing metaphors that Freud used in describing his function: picklock, investigator, translator, and archaeologist. Looking back at the dreams in question one finds Freud was interested in connecting the dream to Herr K. Dora did oblige, which is to admit Freud was on a track (if not the right one). Still it seems as if he felt he knew what the translation was, or what the final look of the ancient relic was, without first relying on the patient’s material. This will be much discussed in the later section on critiques of Freud. Still, it is important to point out that Freud was clearly not entirely working off his own constructions. For he repeatedly states he could not finish the analysis of the dream because the treatment broke off too soon. So even when left with the entire latent content of the dream Freud allows that he is helpless without the patient’s associations. Therefore, though the focus is supposed to be on the patient’s unconscious, the method includes the difficult process of the ego making its way into the unconscious and this participation of the patient is crucial, indeed it amounts to the “working through” that is the very essence of therapeutic action.

The Position of the Analyst

In this section Freud's position will be discussed. Earlier in this paper it was determined that the position of the analyst could be determined by the attention, function, neutrality, discipline and metaphor an analyst proclaims. As mentioned above Freud's attention is directed toward the manifestation of the unconscious, and he is much less concerned with the patient's ego, in fact it often gets in the way. As shown above in the section on interpretation, the analyst's function is to facilitate the process by which the unconscious becomes conscious.

What position did Freud seek to maintain? Freud himself wonders about the "part" he played. Rather, he asks, "Should I have acted a part" (Freud, 1963, p. 100)? He considers that having given warmth, empathy, or affection could have been beneficial for her, "providing her a substitute" (Freud, 1963, p.101), or at least kept her in treatment. Yet, he decides against it, on the merit that he must set a limit out of respect, both for the patient and the art of psychoanalysis; that is, he will not use suggestion or the relationship to affect a cure. It must be mentioned that in the very next paragraph he compares his situation to that of Herr K. In all of his second-guessing, Freud never considers his own feelings of countertransference.

From beginning to end Freud attempted to be "neutral". He listened to Dora's story and her father's story while postponing judgment. In the end he sided with Dora's account. However, he did not step in to participate on her behalf, rather he questioned her own unconscious motives in keeping this problem going. Also, Freud maintained throughout the importance of sexual factors in Dora's symptoms, "No one who disdains this key will ever be able to unlock the door" (Freud, 1963, p. 105). Thus, Freud

maintained throughout that he held the key and he never ceased in pushing forward with his interpretations. It seems he believed he had to press on against her resistances and continue to build his evidence until she would finally be convinced. The metaphor of picklock seemed to be particularly apropos and it is used throughout the text. Freud seemed to be forcing his way in, regardless of Dora's protests, and she eventually fled.

In summary, the position of the analyst is to not "play the game", to maintain neutrality, to keep focus on underlying infantile sexual wishes and conflict, and to function as one who, through interpretations, helps the patient to gain insight.

Critiques of Dora

Numerous books and articles have been devoted to Freud's case of Dora. For example, *Psychoanalytic Inquiry* (2005) devoted an entire issue to a reevaluation of the case of Dora a century later. *In Dora's Case* (1990) gave a feminist treatment to the case and *Freud, Dora, and Vienna 1900* (Decker, 1991) looked at the historical context of the case. This section will give brief summary of the critiques of the case of Dora beginning with the history of hysteria and its treatment, moving to a critique of Freud's conduct, and finishing with a discussion of the context.

"Freud invented psychoanalysis on the basis of his clinical experience with hysterical patients, nearly all of them women, and of the self-analysis he performed to cure his own hysterical symptoms" (Bernheimer & Kahane, 1990, p. 1). As was stated previously, hysteria had been conceptualized as a woman's disease in which the wandering uterus needed to be coaxed back into place. The cure was marriage and pregnancy. Freud had developed his treatment after abandoning electrotherapy, hypnotism and the seduction theory. He reversed the seduction theory and found sexual

fantasies belonging to early childhood. In so doing he relied upon the free association of his patients to produce the material for his interpretations. When he found that patients resisted their associations at some points, and later, that transference interrupted treatment, each time he adopted these obstructions and found ways to make use of them, thus developing the psychoanalytic technique through work with, and in response to, hysterics.

Freud says, “we are obliged to pay as much attention in our case histories to the purely human and social circumstances of our patients as to the somatic data and the symptoms” (Freud, 1963, p.12). Marcus (1990) describes the fear and frustration surrounding sexuality in Vienna. Venereal diseases were prevalent, as they were in Dora’s family. At this time “women transformed their repressed hostility and desire into physical symptoms that simultaneously acknowledged and disowned those feelings” (Bernheimer, 1990, p. 6).

Thus, if hysteria is fundamental to psychoanalysis, then so to is feminine sexuality. But Freud was notoriously poor at representing female desire. This is a common critique of Freud. As Kahane puts it (1990), “As brilliant as Freud was in constructing a narrative of Dora’s desire, he essentially represented his own” (p. 20).

Thus, she and many others view it as “a paradigmatic text of patriarchal assumptions about female desire” (Kahane, 1990, p. 24). This critique is different from those of Erikson (1990) who stressed that Dora was an adolescent who had specific developmental needs, or Sachs (2005) who saw Dora as a legitimate victim of trauma, so viewed the interpretation of conflicted libidinal desires as off base, or from Bornstein (2005) who expressed contrition for having once viewed Freud’s treatment as flawless

due to group idealization of the Master. All of the critiques begin with the objection that Freud interpreted too forcefully, too deeply, and too soon (Verhaeghe, 1999; Decker, 1991; Kahane & Bernheimer, 1990; Gay, 1998). They also include a parallel critique that Freud neglected the clinical relationship and should have been more empathetic. These critiques involve alterations in the basic treatment, but the feminist critique questions the entire project of psychoanalysis and conducts an “analysis” of Freud.

This critique/analysis of Freud points out that Freud, as mentioned above, analyzed hysterics, and included himself as one. Freud’s self-analysis was conducted partly through letters to his friend Fliess. In his relationship to Fliess, Freud found “the rebellious over-compensation of the male”, a response to “repudiation of femininity”; or, “The resistance against adopting a passive attitude toward another man” (quoted in Bernheimer, 1990, p. 16). Some have pointed out that Freud may have had unrecognized erotic feelings toward Dora, but this line of thought points out not only his desire for Dora, but also his identification with her.

Mahony (1996) notes that Freud mentions over 20 times that his case study has gaps and is fragmented. Hertz (1990) suggests Freud unconsciously identifies with Dora, a girl who, as a hysteric, has a story full of holes. Moi (1990) proposes Freud’s certainty that he could achieve a seamless case study if given more time, belies his fear of his own femininity, as if he is saying, “I have no holes!” Aside from an analysis of his confidence as overcompensation for the fragmentation regarding his text, some have brought attention to his understanding of the transference. Sprengnether (1990) points out it seems clear that Freud would rather identify with the virile Herr K, rather than the weak father. And Collins et. al. (1990) shows that he ignores the women, Frau K and the

mother, in the transference altogether. Appignanesi and Forrester (2004) assert that quite contrary to Freud's assertion that he never "played a part" he was all too willing to play the part of Herr K. However, as much as Freud disavowed the role of woman, in the transference he played the part of Frau K. and the abandoned governess.

Dora, too, as evidenced by the slap to Herr K., refused to identify with the K.'s governess. This is the question of femininity, or more generally, identity that Lacan picked up on. As Decker (1991) argued, Dora (as a hysteric) faced very real limits, which made her more likely to develop hysterical symptoms. As Freud had shown as an 8 yr old she was wild, then became feminine and well-behaved; she did not have the same opportunities as her brother. Freud also had commented on the crucial role governesses play in bourgeois sexuality, treated as "worthless female material" (Freud in Appignanesi & Forrester, 2004, p. 161). Freud noted the irony that the disturbance caused by the father's philandering with a governess was often paid for by his very own daughter in hysterical symptoms. This was certainly the case with Dora. Decker (1991) also describe how both Dora and Freud were also at risk due to their social position as Jews in Vienna. It is no small consequence that Freud opened a clinical practice only because he could not secure a research position at a university due to anti-Semitism (Decker, 1991).

One final point of interest is what ended up happening to the real Dora, Ida Bauer. Like Freud, she had to immigrate out of Vienna due to the advance of the Nazi's. She finally settled in New York City, where she died from the same disease her mother had. Deutsch (1991), a follower of Freud, as luck would have it met with Dora in her middle age. His account is notorious for its cruelty, in which she is described as "one of the most

repulsive hysterics I had ever met” (Deutsch, 1991, p. 43). Much of Deutsch’s account has been dismissed. Still, it does seem that Dora’s life was marked by poor relationships and continuing, uncomfortable hysterical ailments; however, an interesting fact has emerged. Ida, in her adulthood, became a master of contract bridge and taught and played it regularly. Fascinatingly, her partner was none other than Frau K. If nothing else this shows she was able to achieve a sublimation of her love for Frau K. As Appignanesi and Forrester (2004) put it, “they had retained their love of those games whose skill lies in the secret yet coded communications within and across a foursome” (p. 167). This fact is still more intriguing as Lacan used the bridge game as a metaphor for the clinical relationship. This shall be explored in the next chapter.

Summary

In this chapter Freud’s case of Dora was utilized to explore his theory of therapeutic action. Four elements of the case were focused on, they were: Dora’s complicity in the affair, the scene by the lake in which Dora slaps Herr K., Dora’s relationship with Frau K., and the transference. Attention was given to Freud’s use of interpretation, the clinical relationship, and the position of the analyst. Critiques of Freud were presented, which leads to Lacan’s critique. It will be seen that Lacan’s critique differs in some significant ways from those already presented. Chapter Four will present this critique and offer insight into Lacan’s theory of therapeutic action.

CHAPTER FOUR

LACAN AND THE SYMBOLIC

Introduction

This chapter will present Lacan's critique of the case of Dora. The main text used will be Lacan's "Intervention on Transference" (Lacan, 1990). The end of this chapter will also discuss some of Lacan's theoretical developments from the 1950's to the 1960's. In order to more effectively understand Lacan's insistence that psychoanalysis must work in the symbolic, some concepts introduced in this chapter, particularly the discourse of the master, will be further explored in the final discussion chapter.

The first section follows "Intervention on Transference" in which Lacan attempts to show how Freud's interventions are organized around three dialectical reversals. Just as some of the earlier critics have viewed Dora within the larger context of patriarchy, Lacan's critique is a protest directed at the dominant psychoanalytic school of the era, ego psychology. The chapter follows the three dialectic developments, an explanation of the imaginary, a review of the "scene by the lake", and a definition of countertransference.

In his introduction to the text, Lacan announces that his aim was to "once again accustom people's ears to the term subject" (Lacan, 1990, p 92). With the use of the term "subject", he distances himself from ego psychology and what he calls the objectification of the individual. In Seminar I he calls the ego psychology approach a "one body psychology" (Lacan, 1952, p. 11), because it ignores that the psychoanalytic process is

intersubjective¹. The true significance of Freud's discovery, he argues, is that the subject emerges through a discourse. This discourse is dialectical and acknowledges the significance of the unconscious. Yet, contemporary psychoanalysis, he charges, would prefer to list the attributes of "*homo psychologicus*", thus reducing the subject to an object of study (i.e. the ego) to be catalogued and mastered. In keeping with the opposition of the imaginary and symbolic, the ego is on the side of the imaginary and the symbolic on the side of the unconscious.

Lacan views his work as a necessary return to Freud, protecting "the tradition entrusted to our keeping" (Lacan, 1990, p. 93). After all, there is no school of "unconscious psychology"; Lacan means to emphasize the revolutionary nature of Freud's discovery of a split *subject*, comprised of an ego and an unconscious. At this point in his paper Lacan announces that he will attempt to define the transference in terms of the dialectic development of the case of Dora.

The Dialectic Developments

Lacan uses the term "dialectic" following Socrates and Hegel (2004). First, Socrates used this procedure to expose the contradictions of knowledge in his counterparts and to use this destabilization to draw out the truth. In this way the search

¹ Lacan later abandons interssubjectivity, viewing any dual relation as imaginary. Symbolic relations are triadic, the relation between two subjects is always already mediated by the Other (language, the Law, etc.).

for truth is a discursive process that breaks through illusory certainties. The case study shows that Freud confronted Dora's contradictions in such a way. Secondly, Hegel's account is centered on the subject's need of recognition by an "other" (Hegel, 2004). This approach is clearly at the imaginary level; later, Lacan developed the dialectic to the symbolic level by asserting that the subject's desire was constituted by the Other. Unlike Hegel, Lacan disabuses his readers of any belief in a final synthesis and absolute truth. Still, for the purposes of the Dora case he clearly viewed psychoanalytic treatment as a discursive *process* that advances dialectically. A final point, the dialectical method also provides a critique of the ego and the imaginary. For the dialectical process exposes the illusory solidity of the ego and its claim of self-knowledge.

Lacan proposes that the case of Dora involves three dialectic reversals. First, Freud asked Dora to reconsider her place in the drama and to acknowledge her involvement in the situation about which she complained so bitterly. Secondly, Freud suggested that Dora's jealousy of Frau K. concealed another feeling. This was a fact that Freud conceded he realized only too late. Third, Freud regarded Dora's fascination with Frau K. as concealing another, more primary question.

At the beginning of the treatment Dora tested Freud to see if he was as hypocritical as her father. Freud, unlike many others before him, did not blame the hysterical patient. In fact he believed Dora's account of, what Lacan called, this "odious exchange" (Lacan, 1990, p. 97). Nevertheless, Freud pointed out that Dora was not simply a passive victim; rather she was instrumental to the affair. Her participation allowed for personal gains, such as the attention of Herr K. and an identification with her father.

At the point of recognition that Dora gained *something*, Lacan brings attention to the complicated meaning of the exchange of gifts, which act as a form of “honorable redress through which the bourgeois male has managed to combine the reparation due his legitimate wife with concern for the patrimony” (Lacan, 1990, p. 96). Indeed, Dora received gifts both from Herr K. and her father, which placed her structurally in the place of the absent wife. The identification with her father implies the Oedipal complex is at work. Dora is very vocal about her jealous disapproval of the “subject-rival” Frau K. Following Freud, Lacan asserts, “this jealousy expresses itself in such a supervalent form” that it “calls for an explanation that goes beyond its apparent motives” (Lacan, 1990, p. 97). This jealousy of Frau K., and here is the dialectic reversal, conceals an interest. This is the “gynaecophilia” that caught Freud’s attention enough to question his masterful interpretation and the “normal” Oedipal schema, but he was still left “perplexed”.

The third development of truth, then, is Freud’s pronouncement that Dora’s homosexual love for Frau K. “was the strongest unconscious current in her life”. Lacan notes the comments on Frau K.’s “adorable white body” and Freud’s view that she spoke in accents “more appropriate to a lover than to a defeated rival”. Further, the question remained why Dora had remained so loyal to Frau K. even after she had betrayed her. This brings us to the third dialectical reversal, which Lacan says is “the one that would yield to us the real value of the object that Frau K. is for Dora” (Lacan, 1990, p. 97). This is the reversal Freud was unable to make because he was so “mystified” by feminine desire.

Lacan shows that Frau K. functions not simply as a love object, but also as a solution to the “mystery of femininity” (Lacan, 1990, p. 98). Lacan declares this is evidenced in the second dream, which shows Dora struggling to come up with an answer to her sexual identity. The question is not merely “Who do I love?” but also “What sort of woman will I become?” Dora, who was described by Freud as “wild” and “masculine” up until the age of eight, was confronted by the harsh facts of the objectification of women and her loss of freedom and opportunity, in contrast to her brother who had the privilege to continue his studies at a university.

Imago

Lacan draws attention to the importance of Dora’s *imago*, a memory of sucking her thumb while tugging on the ear of her brother. The *imago* is a term Lacan will later abandon and it is possible here to see some tension between his imaginary and (still developing) symbolic interpretations. He regards the scene as an “imaginary matrix” which shows that “her only opening to the object was through the intermediary of a masculine partner” (Lacan, 1990, p. 98). The *imago* is clearly related to Lacan’s “mirror stage” in which a paradigmatic moment structures the subject. The mirror stage was originally confined to an actual historical event experienced by infants. An infant recognizes itself in a mirror for the first time and the fragmentary nature of the lived body is contrasted with the unity of the image; the child is struck by the disparity of its own

subjectivity and its image². Lacan points out that this type of imaginary identification bears the characteristics of rivalry, aggressiveness and narcissistic alienation, which mark all imaginary relations. However, there is also a symbolic element to this configuration. The *imago* has a deep impact; Dora's subjectivity is "caught up" in a representation of satisfaction.

The *imago*, which shows Dora finding the object through a masculine intermediary, is played out in Dora's identification with Herr K. and her father in desire for Frau K. Here Lacan criticizes Freud's interpretation because he imposes a heterosexual content. For example, Lacan points out the error in assuming that the oral sex between Frau K. and Dora's father was fellatio, when it was more likely that an impotent man would perform cunnilingus. However, the failure is not so much that Freud imposed a heterosexual content, but that he turns the unconscious into an objectifiable property and fails to propose Dora's desire *as a question* (Rose in Bernheim & Kahane, 1990). Lacan points out that Dora's fascination with Frau K. could also include her fascination with the painting of the Madonna and the "subjective impasse" of being a feminine object of desire. Freud missed this because he included himself within the imaginary as an other (through his identification with Herr K. and his heterosexual prejudice), rather than questioning from the outside as an Other. The goal of analysis

² There is a symbolic element to this imaginary scene in which the child looks from this image (other) back to its parent (Other) so as to ratify the experience. The parent typically might say something like: "That's you, that's Dora!"

ought to be a radical questioning of the position she assumes relative to her desire.

However, Freud's response was directed toward the imaginary and social adaptation.

As was shown above in the first dialectic development, Freud was able to work successfully with Dora when she tested him to see if he was like her father. He proved he was not an imaginary "other", another person like all the rest. He was not someone she had to struggle with, or measure herself against, but someone who caused her to question her desire, an "Other". This was a completely different type of relationship. Freud challenged Dora to acknowledge her collusion, a challenge she was able to rise to. Yet, Freud was not able to maintain this position, rather he acted the part of "the master". He ceased asking questions of Dora's desire and began answering them.

The Scene by the Lake

As described previously Herr K. made a proposition to Dora and she slapped him in the face; moreover, this experience was the cause of a dramatic change in her attitude toward her father's affair, which until this point she had played an instrumental role in protecting.

As Freud put it, the secret lies in how Herr K. propositioned Dora, by saying of Frau K., "My wife is nothing to me." Lacan imagines Dora's response: "If she is nothing to you, then what are you to me" (Lacan, 1990, p. 101)? As Freud says, "Hysterics love by proxy" and Dora loved Frau K. through her father and "the virile character" of Herr K. Likewise, she felt her father loved Frau K. through her. Frau K. was crucial to Dora's question. The function of this circuit was something that Freud had only begun to understand, and Lacan completes the thought: Dora identified with her father's desire, not with her father. Father and Herr K. loved Frau K. and it was through a masculine

intermediary (in line with the *imago*) that she could participate. When Herr K. propositioned her, the sexual relationship became too real and she was confronted with the question of her desire. Lacan made the interpretation that the scene in question has more to do with the “mystery of femininity”.

Further, she realized she was a sexual object for Herr K. and an object of and “odious exchange” for father. “Her father was merely selling her to someone” (Rabate, 2005, p. 90). This exogamic exchange: “I have received a wife and I owe a daughter” (Rabate, 2005, p. 90), is central to the reproduction of patriarchy (Findlay, 1994). Previously she could tolerate the affair since she had a place within it (she was important and loved). But, after the scene by the lake the fantasy collapsed, “the enchantment under which she had been living for years” (Lacan, 1990, p. 101), and everything became terribly clear. She was a woman among others, which Dora understood, without any illusion, was a terrible position. This is evidenced in her second dream, which was full of negative signifiers for femininity and the metaphor of being trapped. All the women in the case have been dishonored or thrown aside: her mother, the two governesses, and now even the prized Frau K. was “nothing”. So the imaginary solution had failed and destroyed her fantasy, which had supported her sense of self and love. The anxiety provoked by such a loss resulted in a regressive desire for her father. To the extent he failed her, which was great, she had to love him all the more to resolve her Oedipal complex (Rabate, 2005).

Freud failed her in pressing his opinion that “in fact she was in love with Herr K.”, thus “introducing Herr K. as a normalizing object of heterosexual love” (Lacan in Rabate, 2005, p. 91). But as is shown in Dora’s fascination with the Madonna painting

and her identification with male characters, Dora was involved in a contemplation of femininity. As stated above, not simply: “Who do I love?” but also “Who am I?” Previously she had been a good girl who helped her father and was friends with the K. family. It can be assumed her relationship to Herr and Frau K. was ambivalent, both uncertain yet providing attention and security. The sudden awareness of her status left her unprotected and at an impasse. Decker (1991) reports that Dora appears to have persisted along this line: she married a man who was often ill and cheated on her (like her father), and she showed the same obsession with cleanliness and psychosomatic complaints that her mother had to the point that she died of the very same disease her mother died from. Yet, Decker (1991) also reported that, though her life appeared miserable on many levels, she still was able to find some relief in the game of bridge, participating in social circles, and achieving no small measure of success with her partner- Frau K.

Transference and Countertransference

It is precisely at the place reached in the scene by the lake that we can identify how psychoanalysis, at the level of the symbolic, would have helped her. For the symbolic is the level of desire. Trapped as she was in a web of identifications, which had failed her, Dora may have been able to articulate the truth of her desire for Frau K. but as the case shows, Freud was unable to allow this. He was too devoted to his own hope that these “star-crossed lovers” as Lacan mockingly calls them, should end up together. But why?

Freud’s failure, Lacan says, was not simply, as Freud believed, that he should have pointed out the transference; rather, he could not free himself from his prejudice. It

is, Lacan states, “the same prejudice that falsifies the conception of the Oedipus complex from the start, by making it define as natural, rather than normative, the predominance of the paternal figure” (Lacan, 1990, p. 100). In addition to his heterosexual prejudice, Freud felt sympathy for Herr K., which kept him believing in a (heteronormative, Oedipus complex affirming) “triumph of love” for Dora and Herr K. One must wonder why it is Herr K.. of all the pitiable characters in this case, that attracted Freud’s sympathy. Here Lacan agrees with those critiques presented above that draw attention to his countertransference identification with Herr K (though keep in mind his critique predated the feminist critiques by three decades). Lacan did not explore issues of passivity and femininity here, but merely stated that Freud “put himself rather too much in the place of Herr K.” (Lacan, 1990, p. 101). That is, Freud entered the game as an imaginary “other”. One can guess that his repeated mention of “virility” that apparently attracted Dora so, may have been appealing to the middle-aged Freud as well.

It is this phrase: “normative, not natural” that best captures Lacan’s critique of Freud’s prejudice (and that later gains traction among feminists and queer theorists). Lacan also shows how this interfered with Freud’s interpretations. “It is odd to see how he always interprets as confessions what are in fact the varied responses that Dora argues against him” (Lacan, 1990, p. 101). This is Freud taking the position of the “master”; he doesn’t need to listen because he already knows the answer. Knowledge had no room for truth.

In Dora, Lacan does not view the transference as anything particularly revelatory; rather it is an “arrest of the dialectical process” (Lacan, 1990, p. 102) and “an error on the part of the analyst, if only of wishing too much for the good of the patient” (Lacan, 1990,

p. 103). Still, though the transference is only a “ruse,” it is useful, because it marks where the dialectical process has gone off track and can set the process in motion again.

Lacan defines the countertransference as “the sum total of the prejudices, passions, and difficulties of the analyst, or even of his insufficient information, at any given moment of the dialectical process” (Lacan, 1990, p. 102). Countertransference and transference are here presented side by side because by Seminar XI Lacan had come to view the transference as something affected by each party, and felt a differentiation of the two wrongly implied an equal relationship (Lacan, 1981). Countertransference is the resistance of the analyst, or better, the analyst’s influence on the transference. In this case, Freud’s idealized identification with Herr K. and his view of heterosexuality as natural, rather than normative.

In this way transference can profitably be understood as divided into symbolic and imaginary transference. The imaginary transference is a form of resistance and takes place when the analyst puts (or is put) him or herself in the position of an “other”. If Dora did in fact act in revenge was it not in some ways provoked by Freud’s influence? This is the imaginary transference, which is characterized by a dual relationship of struggle. Freud took her resistance personally, viewing it as “vengeance”. On the other hand, symbolic transference focuses on the content of the transference, and finds the repetition there, thus opening a path to free association and the articulation of desire. In this case the analyst understands the speech and enactments (the representations of desire) as directed to an “Other”, thus revealing the patients relationship to desire.

Summary

Before moving on to an account of the development of Lacan's thought from the 1950's to the 1960's, the main critiques presented by Lacan of the case of Dora will be reviewed. First, Freud gained enough credibility that he was able to engage Dora in a questioning of her motives. Dora's willingness to do so was due to what Lacan calls "the desire of the analyst". However, as Rabate (2005) puts it, though Freud got "Dora to take a good look at herself" this was "the only successful moment in the treatment" (p. 85). Freud did understand the importance of the transference and began to see the importance of Frau K., but was unable to make use of this in the treatment.

In his critique, Lacan treated transference and countertransference as essentially the same thing. The emergence is a "ruse"; an impasse that interrupts and yet also offers a chance to revive the dialectical process. Rather than placing the blame on "resistance" of the patient he puts emphasis on the position of the analyst. Lacan did acknowledge that Freud's proposed transference interpretation would have effected an improvement, but he views this as an assertion of the ego, which is not a psychoanalytic cure. He would have missed, by asserting Herr K., but the problem is not her male identification, but identification as such. For identification is at the level of the imaginary. Such an intervention leaves a structural account of desire untouched.

This is relevant to his other mistake. Freud misrecognized the meaning of Dora's fascination with Frau K. Again, it is not that Freud answered incorrectly (which he did) but more fundamentally that he answered at all. This has been shown in his interpretation of the slap of Herr K. at the scene by the lake. For, here he failed to pose Dora's desire as a question.

Changes in Lacan's Theory

“Intervention on Transference” was written fairly early in Lacan’s career and many changes occurred in his theory since that time. Throughout the chapter, effort has been made to indicate the most relevant modifications. As such, the text does offer the opportunity to see Lacan’s theory in a state of development. In his critique of the Dora case, such an occasion is presented in his discussion of the *imago* and intersubjectivity, as well as the subject and alterity. A further look into these concepts will help to clarify the imaginary and symbolic. Before this, however, the style of the text will be briefly discussed.

Though “Intervention on Transference” is fairly straightforward, Lacan’s texts often seem to aim at frustration. This style is indicative of his belief that “to think, it is often better not to understand” (Lacan, 2006, p. 252). As with his critique of ego psychology, which affirms the ego as a totalizing unity, coherence is critiqued as a misrecognition that is exclusionary in essence. This attitude is also expressed in his attitude toward how Freud’s legacy has been systematized and watered-down. Lacan holds that Freud’s thought should be “perennially open to revision” but it has been reduced to a “collection of hackneyed phrases” (Lacan, 1991, p. 1). Lacan’s difficult style, evidenced by his dialectical “thought in motion”, is likely a strategy of protecting his thought from such reductive systematization.

Perhaps the most well known psychoanalytic phenomenon is the “Freudian slip”, which is when an error is made in speech or action (or even in audio or visual perception) due to an unconscious desire. Psychoanalysis contends that though these slips are unintended they are not meaningless. The Freudian slip seems foreign but comes from

the “inside”. But if the ego disavows this speech, what does this say about the subject? Lacan elaborated when he famously said, “the unconscious is the Other’s discourse” (Lacan, 2001, p. 312) and “the unconscious is structured like a language” (Lacan, 2001, p. 259). Each of these statements set up a provocative relationship between the subject and alterity. These slips, dreams, or symptoms represent how the unconscious can interrupt the ego and contradict one’s self-image or intention. The subject is not simply the ego; the subject is split and endlessly desiring. Further, this desire, as unconscious is not, as Jung would have it, a storehouse of essential truths; rather, it is radically other. With this in mind it can be seen that psychoanalysis is the practice of eliciting and listening to the unconscious and revealing a logic that the subject as ego, is not conscious of.

This highlights an aspect of the *imago*. The *imago* represented a fantasy for Dora, and as such exposes an unconscious schema of her relationship to desire. Since it is an image it was originally taken as imaginary, but a fantasy may be composed of images and speech from *others*. The psychoanalytic value of the fantasy is that it is a defense against lack in the symbolic (Verhaeghe, 1999). The fantasy is just the sort of unconscious material necessary to set in motion the dialectic method that will pass through the imaginary and into the symbolic.

In his critique of the Dora case, Lacan makes the case for intersubjectivity when he criticizes the “one-body” psychology of contemporary psychoanalysis. Originally, this position was meant to highlight the dialectic, dialogic nature of truth. Yet the concept of intersubjectivity, like *imago*, did not remain. For Lacan there cannot be an unmediated subject-to-subject relation. This is why the goal of “authenticity” misses the

point. Language structures and mediates all relation, so there is nothing “im-mediate” or outside the symbolic. This is why he rejects dual relations as imaginary and Lacan’s schema often propose a three-term or even four-term structure (as in the bridge metaphor).

Each of these examples represent a larger shift from the image to desire. As was shown in detail in the differentiation between imaginary and symbolic transference, the clinical relation is a subject-Other relation that is fundamentally asymmetrical. The importance of alterity in Lacan is evidenced in that the divided subject is split into the ego and the unconscious, each term materializes in relation to the other/Other. The ego comes into being through a (mis)recognition of “the other” and the unconscious is the discourse of “the Other”. The Other, which had not been fully developed in Lacan’s early work, introduces a very different sort of alterity. As Lacan said, “This discourse of the other is not the discourse of the abstract other, of the other in the dyad, of my correspondent, nor even of my slave, it is the discourse of the circuit in which I am integrated” (Lacan, 1989, p. 89). This is a non-subjective other. As Dean (2004) explains, “the subject’s communication partner is not the other but the signifying chain into which he or she is articulated” (p. 44). The signifying chain is what makes up the subject’s symbolic world. All of this points to one of Lacan’s key principles, and certainly one that led him to so brutally criticize ego psychology, the split subject is in a state of lack and disharmony between language and the body. Lacan says of Freud, “his discovery is that man isn’t entirely in man” (1988, p. 72). In Seminar XVII Lacan puts it another way: we do not use language; language uses us (2007). The signifying chain, or symbolic order, exists before one is born and after one dies.

Lacan proposed three orders: the imaginary, the symbolic, and the real. The imaginary is the realm of the specular, which leads to recognition as well as misrecognition. The imaginary is an attempt to give unity to the lack. There are yet other realms; some things may never appear in the mirror. The symbolic is the realm of language, desire, and the law. The imaginary is in the realm of the ego, whereas the symbolic is the realm of the unconscious and desire. There is yet another realm proposed by Lacan: the real. Just as the symbolic may not be represented in the imaginary, so to the real exceeds the symbolic. The real is the nonsymbolized or the impossible. Traumatic experience provides a good model. Lacan noted in his discussion of resistance that putting the traumatic event into words is an act of symbolization and it can have therapeutic effects. But the “real” (or traumatic) resists being put into words. Thus, resistance is a natural part of the process of symbolization and not simply a willful defiance on the part of the patient.

Part of Lacan’s theory can simply be understood as a reminder of lack. If the imaginary is the presentation of an illusory unity, then the symbolic gives voice to that impossibility. The other, whether a celebrity, a person on the street, or even (as shown in the mirror stage) one’s own image, can threaten to provoke anxiety at one’s own imperfection. The other can appear as complete, without the doubt and unhappiness that one feels. This is supported in the symbolic, as Lacan says, desire is a lack, and can never be fully articulated. All of this leads to a final point. The split subject, separated from the real of nature and introduced to human world suffers a loss that can never be overcome. The remainder of this split is the *object a*, a representative of the fundamental disharmony between language and the body. Lacan offers no solution to this lack, this

disharmony, rather he introduces four discourses, or positions that subject can take up: hysteric, master, university, and analyst. This theoretical development was clearly deeply influenced by the issues raised in the case of Dora. In the Seminar XVII, as he introduces the four discourses Lacan (2007) makes repeated reference to the Dora case. He begins by commenting on the turbulent time of the university (also a critique of ego psychology), but more importantly the schema includes the master (the position Freud took), the position of the hysteric (Dora's position), and the analyst (thus further clarifying and refining the position of the analyst).

To review, Lacan developed his theory of the split subject (ego/unconscious) by insisting on the fundamental disharmony between the body and language and the lack that constitutes desire. Intersubjectivity gave way to a radical alterity in which recognition by an other is less important than an essential questioning of the subjects desire relative to the Other. This has lead to a clarification of the symbolic as well as an introduction of the real. The *object a* is a result of the cut and functions as the cause of desire- an impossible, endless seeking of the lost subject-object unity.

Lacan's critique of the case of Dora has proven valuable in three specific ways. First, because it displays the importance of posing desire as a question and even further proposes the goal of therapy to be a radical questioning of the subject's relationship to desire and the Other. Secondly, it shows the ethical danger of the analyst's ego (exposing Freud's "knowledge" as prejudice). Finally, it illustrates, particularly through a differentiation of imaginary and symbolic transference, how the dialectical questioning might reveal, without solving the question, the very structure of desire. The next chapter will relate what has been discussed here to the larger question of therapeutic action.

Therefore the Lacanian view of interpretation, the clinical relationship and the position of the analyst will be discussed in depth. A final section will utilize the four discourses to refine the central themes already discussed.

CHAPTER FIVE

DISCUSSION

Introduction

In this final chapter the research question of what is meant by working in the symbolic will be addressed through an elaboration of Lacan's therapeutic action. Aspects of Freudian and Lacanian theory will be differentiated, including Lacan's critique of ego psychology. Finally, Lacan's "discourse of the analyst" will be examined.

Lacan's Therapeutic Action

Having developed Lacan's critique, his theory of therapeutic action will now be presented. As has been previously determined this will include an examination of interpretation, the clinical relationship, and the position of the analyst.

Interpretation

Lacan's view of interpretation is closely tied to desire. In order to clarify the importance of desire he juxtaposes it with demand. The analyst should not take the patient's statements as forthright demands, but rather acknowledge the concealed desire. Thus, it is the role of the analyst to bring desire to the fore. This highlights the importance of Freud's psychoanalytic technique as a particular kind of listening. The patient will soon see that the analyst takes nothing at face value and refuses to see communication as straightforward. The analyst runs interference in what the patient may prefer to portray as clear-cut. By maintaining this position the analyst brings the patient

to question his or her motives. This was one intervention Freud made successfully in the Dora case.

Interpretation could be mistaken for its synonym, explanation. However, this is not what Lacan has in mind. The analyst could explain the latent desire underlying the manifest demand. When a patient has a dream or begins to question an action, the therapist could use his or her superior understanding to supply the missing meaning. And this was something Freud did repeatedly in the case of Dora. This is what Lacan called taking “the position of the master”. It is a position easy to fall into, particularly with hysterics, who are more likely to demand that their questions be answered.

Returning to the manner of interpretation, Lacan has said: “An interpretation whose effects one understands is not a psychoanalytic interpretation” (Lacan in Fink, 1993, p. 45). This is a critique of ego psychology, as well as the “good feeding” advocated by object relations. A direct interpretation will result in an identification with the analyst as well as dependency. The purpose is not to give an answer, no matter how brilliant. Rather, the purpose of an interpretation is to “arouse the analysand’s curiosity and kick-start his or her associations” (Fink, 1993, p 45). Thus, it is better for interpretations to be enigmatic and polyvalent. After all, this is how the unconscious works, unlike the conscious mind, which tends toward rationality. It is not directed at the conscious mind. In this view an interpretation is not correct, but productive; not incorrect, but unproductive. A provocative, enigmatic interpretation allows for work to be done inside the patient; it opens a space for the “working through” so vital to the process.

In summary, interpretation cannot be separated from listening- a listening for the desire that lies beneath the demand. This requires neither falling into satisfying the demand, nor giving explanations or empathy (it makes no concrete provision).

Interpretation should arouse curiosity. Interpretation should be speech that is enigmatic and polyvalent, or what Lacan calls “oracular speech”. The best interpretation interrupts, surprises, and is ambiguous. This is quite different from Freud’s interpretations in the case of Dora, in which he sought to pin down the exact hidden meaning and tell it to Dora. “The fundamental assumption was that the interpretation unmask a hidden meaning” (Evans, 1996, p. 88). For, Lacan it works not as discovery, but as disruption. One must interfere with the normal way of making sense, which tends to deny the desire underlying a demand.

The Clinical Relationship

The clinical relationship is influenced by the patient’s attitude toward psychoanalysis. As with hypnotism, a patient’s belief, or suggestibility, may influence the treatment. Hypnotism functioned as a sort of miracle healing. Freud was careful to differentiate his psychoanalytic cure, emphasizing that it involves *work*. The analytic process itself is a process of “working through”. As Lacan’s critique of ego psychology shows, he is adamant that work on the ego, or the imaginary level, is not a properly psychoanalytic cure. This influences the clinical relationship at the deepest level. Therapeutic action is not a result of the analyst’s superior knowledge, or normality, or gentler superego. If there is any authority at all it is to be found in the patient’s unconscious. However, the manifestation of the patient’s unconscious can be uncomfortable and strange. Slips of the tongue, strange dreams, or contradictory,

illogical motives are likely to be disavowed. It is a kind of work that patients may be interested in avoiding.

The disavowal of the unconscious is made more palpable in analysis, because patients become much more aware of their unconscious in treatment. This may be their first time confronting and questioning their motives in such a focused way. As Fink, (1993) points out, “the unconscious ‘within’ the analysand is rejected by the analysand and projected onto the analyst” (p. 161). This is because the patient associates the sudden rise in unconscious manifestations with the analyst. Further, the patient is likely to deny responsibility. So, it is a dangerous temptation for the analyst to assume this position of the one who knows: the master. As such the analyst then takes over responsibility for the work. It is precisely this position that Freud took up with Dora, and which was cause for so much protest. Yet, Lacan’s critique centers on the fact that this placed Freud on the imaginary level, which absolutely takes away the power of the treatment.

To review, the imaginary is the level of the self-image, the ego, identifications, rivalry, etc. When analysts puts themselves on this level they become a person like any other person in the patient’s life (an “other”), and the patient measures him or herself against the analyst. This can result in a power struggle, as it did in the case of Dora, and lead to deleterious results. As with interpretation, the clinical relationship should shake up the patient’s self understanding. It should draw attention away from imaginary statements that objectify the subject, like: “I’m the kind of person who...” or “My friend’s think I’m...” which are only increased in imaginary level, ego-strengthening relationships.

The symbolic is at a radically different level. Lacan introduces the big Other to signify the Law. This is the subject's relationship to parents, school, nation, religion, media, etc. All of which inculcate the subject with ideals. These are structural Others that shapes the very form that desire and satisfaction can take. It is here, in discovering the fantasy that structures the relationship between the subject's desire relative to the Other that Lacan finds to be the true work of psychoanalysis.

The superego, is similar to this big Other; however there are important differences. The ideal-ego is the small other, that one compares oneself to. Of course this is not in the symbolic, rather it concerns one's self-image and the imaginary in terms of comparison. The ego-ideal is the one watching us (through whom we observe ourselves). Now this is related to the symbolic and the big Other, because the subject feels the need to show the ego-ideal that s/he can live up to the ideals and values expected of him or her. This is the difference between sibling rivalry and seeking approval from parents, clearly these are structurally different. Now, the superego is not this, but rather a punitive agency that makes demands and produces guilt. Lacan does not view it as an ethical agency; rather it forces one to enjoy (Lacan, 1992). Lacan does not, as an ego psychologist might, advocate increasing the good identification (ego-ideal) and decreasing the bad identification (superego, a la Strachey). In that case, the problem is not that the superego is too harsh, but that one has, through these identifications, fallen afoul of desire. As Lacan says in his seminar on ethics of psychoanalysis, "The only thing of which one can be guilty is of having given ground relative to one's desire" (1992, p. 310).

For Lacan, the symbolic is the realm of the unconscious and the Other; the imaginary is the ego and the other. The goal is to “pierce through the imaginary dimension that veils the symbolic” (p. 165). This is the more primary, constitutive dimension. In “The Direction of the Treatment and the Principles of its Power” (Lacan, 2006) Lacan uses a bridge metaphor, which illustrates the clinical relationship.

In a game of bridge, there are four players. The players pertain to the clinical relationship as follows: the analyst as ego, the analyst as Other (the “dummy” in bridge), the patient as ego, and the patient’s unconscious. The analyst’s first aim is to be the “dummy” and not act as an ego. As Lacan says, “the analyst enlists what in bridge is called the dummy [le mort], but he does so in order to bring out a fourth player who is to be the analysand’s partner” (p. 492). The goal of the clinical relationship is not to have ego to ego contact between the analyst and patient. Rather as Fink (1995) puts it, “The analyst’s goal is to get the analysand as ego to guess his own partner’s hand” (p. 5).

Position of the Analyst

Lacan’s position of the analyst is starkly different from those presented in Chapter Three. Unlike ego psychology, he does not advocate an analysis of the resistance, and neither is the analyst to act as a model of a less harsh superego. And unlike object relations one should not act as a parent, providing missed developmental needs. Certainly, introspection, better adjustment to society, and nurturance could be beneficial (the ego does have to make its way through a social world), but this is not the domain of psychoanalysis. One only need to look at the case of Dora to see how wrongheaded “adaptation to reality” can be; psychoanalysis has an offensive history of its practitioners “helping” homosexuals adjust to the “reality” of heterosexuality, and this is but one

example of that error. Freud had warned against this turning of the patient into the analyst's "private property" and acting "with the pride of a Creator to form him in our own image and see that it is good... this is after all only to use violence" (Freud, 1919, p. 164). While this is clearly objectionable, it is not the main focus of this project. Still, it is worthwhile noting the disavowal of the analyst, an ethical position against utilizing the power of suggestion.

Again, the main focus is the differentiation of the imaginary and symbolic level. Lacan utilizes these concepts to formalize the above critique and explain that the analyst who presents him or herself as an ideal ego or role model is in the imaginary and avoids the symbolic. To return to the bridge metaphor, Lacan argued that the analyst should take the position of the "dummy". Why does Lacan advocate this abnegation of the analyst's being? He says of the analyst, "the more his being is involved the less sure he is of his action" (2006, p. 491). When an analyst works on the imaginary it is only to work on the ego, to strengthen it, and in fact to offer the analyst's own orientation to reality as a model. As has been shown above, one cannot be so sure of one's "goodness". Not only does being a "dummy" avoid such an imposition, but it also avoids the self-defense that Freud had to engage in with Dora. The imaginary introduces a power struggle, which has no analytic benefit; and the imaginary misses the larger picture. Finally, even in transference interpretation, "the analyst's speech is still heard as coming from the transferential Other" (2006, p. 494). There is no way to be "real" and escape the transference, because the analyst will always be "what the subject imputes the analyst to be" (2006, p. 494).

The analyst is to avoid judging, including normalization, nor should he or she use their authority to comfort. It is common enough for the patient to project their unconscious onto the analyst, and it is also likely that the patient will protect his or her own superego. The patient may seek approval as well as judgment. If it seems this can be earned they may ignore their own desire, focusing on how to identify with the analyst instead. Lacan calls for “analytic neutrality” and expects the analyst to take “the position of the pure dialectician” (p. 102). He says plainly that the transference marks “the moments when the analyst goes astray” (p. 103). These of course are critiques of the imaginary. There is a symbolic response to the transference and that is, rather than focusing on the dual relationship of the transference, interpreting the content of transference.

Just as Lacan critiqued Freud’s wanting to help Dora too much, the desire to understand (to know the answer) or fulfill demands (to make them happy) is not what motivates an analyst. The desire of the analyst has paradoxically been called by Lacan as “the non-desire to cure” (1992, p. 218). And along with the analyst’s abnegation of being, Lacan also stated, “The less you understand the better you listen” (Lacan, Seminar II, p. 141). In light of this relation to knowledge, Lacan diverges from Freud’s archaeologist and detective and uses the metaphor of the analyst as a Socrates or Zen master. Both strategically avoid any giving of “the answer”. Like the bridge metaphor these figures illustrate how the position of the analyst is meant to provoke a desire in the patient. Simply it is meant to incite curiosity to examine the unconscious. This abstinence can aggravate the patient (and the analyst), but it must be held.

Lacan gives a fairly straightforward account of the goal of psychoanalysis: to move from empty speech to full speech. Empty speech is the self-objectifying speech shown above. It may correspond to reality (“I’m an introvert”), but it misses the larger question of the symbolic and the structuring fantasy shown in Dora’s *imago*. For example, what is the subject’s relationship to the Other that has so structured this introversion? Full speech corresponds to desire and not reality. There is more truth in desire than the facts the subject presents of his ego. So if the goal is to reach full speech, then the analyst has a role to play. Not as a mother or stronger ego. The analyst does not cure through empathy, support, or with their superior knowledge or authenticity. The analyst is to occupy the position of the unknown, the unconscious, the Other. In this way as Nobus (1992) says “the analyst is the instrument which enables the patient to make a full statement” (p. 66).

Summary

Lacan returns to Freud by highlighting the significance of the unconscious. The subject is “divided between a truth it disavows and a conviction to which it clings” (Verhaeghe, p. 237). It is through the psychoanalytic process of questioning meanings, questioning motives, and questioning desire that the subject reaches a point where they can experience a shift in regard to their relation to their desire. In the case of Dora and the three dialectical reversals, Lacan showed the development of the subject through an awareness of one’s own collusion, the enjoyment concealed in complaint, and the emergence of one’s relationship to desire vis-à-vis the Other.

As has been discussed above, the revelations of the unconscious are disavowed and ignored because they are so difficult to bear. For this reason, Lacan has at times said

that the end of analysis comes when the subject can face his own mortality (Lacan, 1953). The position of the analyst offers a different kind of relationship, one that emphasizes manifestations of the unconscious. So the analyst is one who maintains a disciplined attention upon these revelations as well as one who can endure self-abnegation and the strange and painful manifestations of the patient.

The next section synthesizes the project's findings. To do so will require that some concepts are developed further. Desire has played a central role in Lacan's conception of therapeutic action. Both desire as a question and desire of the analyst will be further explored. So too will the discourse of the analyst, which is one of Lacan's four discourses.

The Dora Case and the Four Discourses

Psychoanalysis was developed (by a self-proclaimed hysteric) through a dialogue with hysteria. This dialogue has produced a knowledge and practice. The case of Dora presents readers with an example of a divided subject suffering from a lack in the symbolic. Dora had a question: What is a woman? Or more generally: What am I supposed to be? There was no ready answer for her to resolve this question. Freud intervened; Lacan criticized his interventions as those of a "master". In Seminar XVII, Lacan (2007) introduced the four discourses: the hysteric, the master, the university, and the analyst. Each of these deals with this problem of symbolic lack in a different way. It will not be possible to give a detailed study of the four discourses, but a brief overview will provide a beneficial addition to the current investigation into the high value Lacan places on the symbolic order for psychoanalysis. First, the four discourses show a key way in how Lacan's teaching is different from Freud's. These discourses are abstract,

rather than based on myths like Narcissus or Oedipus. Lacan was highly influenced by structuralism, particularly structural linguistics.

Again, the dialogue of psychoanalysis is conducted between the master and hysteric. How exactly does this work? The master presents him or herself as one who has no lack and is at one with knowledge. The hysteric seeks out a master and vice-versa. The master needs the hysteric in order to show s/he knows everything. The hysteric needs the master, because s/he puts her questions for someone else to solve (Lacan, 2007). This was clearly relevant to the case of Dora.

The university discourse, somewhat ancillary to this project, is a result of the formalization of the master. The textbook perhaps provides the best example. This recalls the “hackneyed phrases” that Lacan feels Freud as master has been reduced to by ego psychology. The most important discourse for the purposes of this study is of course the discourse of the analyst. It should be said that while analytic discourse is unique it does not provide the ultimate answer; it is not a meta-theory (Lacan, 2007). Rather, it simply defines what a psychoanalytic intervention is composed of: a radical questioning of desire.

Lacan (2007), as an analyst and contrary to the promise of the master, said, “Don’t expect anything more subversive in my discourse than that I do not claim to have a solution” (p. 70). The analyst is not one who answers, but one who questions. Just as in Lacan’s critique of the case of Dora, the importance of this questioning is to produce a dialectical development of truth. However, Lacan had developed his theory far beyond what he presented in that early critique.

Traumatic Real, Symbolic Lack, Imaginary Answer

Due to the nature of human reality certain gaps exist in understanding and meaning, these can cause anxiety to the point of being traumatic. A la Freud the child comes up with sexual theories and fantasies as an attempt to “bridle the Real where the Symbolic fails” (p. 242). Verhaeghe (1999) presents a fairly clear dramatization of the hysterical subject’s dilemma beginning with Freud’s “primary fantasy” and moving on to Lacan’s elaborations. In the beginning, the child’s first Other (the mother) separates from the child and the symbiotic paradise is lost. This is the result of the subject’s splitting; anything we could call pure nature is lost, as the child becomes a speaking human being. This is a movement from the pre-Oedipal into the Oedipal, or from the real/imaginary into the symbolic. The child, in the face of lack (the lost unity) must wonder what the Other desires and must make sense of his/her condition. This is the symbolic lack and it is complicated by the unspeakable nature of desire, which can only be expressed imperfectly through signifiers. The child takes this lack in the Other as a demand. The child wants to be loved and so tries to make him or herself (into an image) of what the Other desires (1999). The symptom can be seen as an interpretation gone awry. As Verhaeghe (1999) states, “fantasies elaborate an understanding a posteriori of what was originally not understood” (p. 42). As Lacan points out the position of the hysteric is, in a sense, an existential condition shared by all subjects, and in the analytic process the patient is necessarily “hystericized” (2007). This means they will be brought into a state of anxiety concerning the failure of the imaginary solution.

As discussed above, there is a fundamental disharmony between lived experience and the self-image. Hollywood movies provide a perfect example of how the imaginary attempts to cover the anxiety caused by the symbolic lack. A problem is presented,

usually having to do with a sexual relationship or one's place in the world, and the impasse is impossibly covered by an imaginary solution of true love: fulfillment and completeness. This can be found less benignly in neurotic symptoms, which are particularly visible in hysterics ("the body speaks"). This gets to the fundamental difference of Lacanian psychoanalysis and ego psychology. The ego as self-image is what people are constantly trying to care for and manage. People feel shame for an action or thought because it contradicts how they see themselves or how they want to be seen by the Other. However, there is no final imaginary solution, because the lack resides in the symbolic. The solution is not to strengthen the ego or orient the neurotic to reality and make them feel better about themselves. Rather, the ego is strong enough, and it is in the "traversal" of the fantasy that a symbolic shift might occur. In one sense, when one makes meaning of a traumatic experience it binds some of the anxiety; in another, taking unconscious material into account, or integrating it, allows the subject to stop fighting it and relax.

Again, the fantasy is regarded as an attempt to arrive at a suitable answer when confronted by the enigmatic desire of the Other. This primary fantasy has a huge influence on how the subject comports him or herself through the world, though it is not easily discovered. The fantasy is taken as reality, for it supports the subject's orientation to reality. The unconscious logic that supports the subject is spoken in symptoms, dreams, and fantasies and is regarded as an interruption by an "other" discourse. It is this discourse- the unconscious- that must be questioned and not ignored in favor of the ego. In a way, this involves moving backward by breaking down the certainty of the

imaginary solution- not easy because it is a construction that one depends upon for meaning- and a confrontation with the symbolic lack.

The Structure of Desire

As Freud's case and Lacan's elaborations have shown, Dora was looking for something that wasn't there when she was confronted by a traumatic real. Part of the problem was the unconventional, secret nature of the arrangement in which there was no suitable way for Dora to react. However the Oedipal complex is instructive here- not as the reductive, hackneyed "desire for parent of opposite sex" but in the way it- qua the Other- structures desire. Dora's mother was not represented in the case study. So the trouble was that Dora's Oedipal structuring was incomplete. As a structure of two- Dora and her father- it was limited to the dual and imaginary. Dora was probably attempting to enforce the Oedipal structure by involving Frau K. in an identificatory chain with her father. Her dreams, which involved her mother and father, were looking for something that wasn't there. This is further evidenced in that questions of femininity were represented in a variety of guises. Verhaeghe (1999) comments that Freud had perhaps grown tired of his hysteric patients' endless displacements. Since his days as a hypnotist Freud had been looking for the single cause of neurosis. First it was sexual trauma and then fantasies, but each time his patients were unable to stop, always finding something more. So with Dora, Freud enforced an answer (Herr K.) and stopped the displacements. However, as a dialectic process this is precisely what Lacan finds to be the work of analysis. It is not a specific discovery that unlocks the mystery of the symptom, rather the displacements, expressed in a metonymy of desire, reveal a structure.

This is a point that this project must not fail to stress. There is no secret answer, rather there is an underlying structure.

Though much of Lacan's work emphasizes the signifier, this project has focused more upon aspects of fantasy. For this reason, the "traversal of the fantasy" introduced by Lacan in Seminar XI provides an able analogue to the "working through" that Freud had proposed (Lacan, 1981). Through the work of analysis the subject begins to question their trust in their fantasies, which supports the position they have adopted. The construction of the fantasy has been presented as a subject's response to the Other, which was felt as anxiety or even trauma. Not knowing or understanding can be unbearable. Here there is some agreement with the discoveries of neurobiology, in that the mind has a compulsion to make meaning (Cozolino, 2002). The subject felt that there was a demand to fill in the lack. As the "enigmatic" analyst takes the place of the *object a* and provokes this questioning, the subject may feel a new freedom from obligation. As Verhaeghe (1999) explains, "the journey through one's fantasy paradoxically end[s] in the subject's dropping out of it" (p. 146). This is also called the destitution of the subject (Lacan, 2006), in which one gives up the meaning of the fantasy and accepts the pure contingency of his or her situation. So, as the survey of therapeutic action suggested, the analyst must become a kind of object that both provokes and interrupts. It should be clear by now that this Lacanian object is radically different than those presented in mainstream psychoanalysis.

The desire of the analyst is not knowledge, but the process itself of revealing the structure of desire. Like Socrates or a Zen master, the analyst does not answer the question. This lack of an answer means that the question is given back to the patient

without any collaboration. The gift the analyst gives is nothing; s/he makes no provision. Through this position the patient is left to question the Other as it exists in them- after many dialectical reversals, of course- in the fundamental fantasy. As Nobus (1991) puts it, the analyst helps the patient to “question the trust they had put in their fantasies” (p. 136). In this way they “unknot” fantasy and meaning, foregoing an imaginary solution and facing the lack in the symbolic.

However, this solution is not to be understood as a more adapted orientation to reality or making up for a deficit like other psychoanalytic schools. Reality is always mediated by the Other; no amount of authenticity can bridge this gap. Rather than identifying with the analyst, the treatment reaches its end when the patient will have achieved a radical difference. For in the beginning the patient had hoped the analyst would provide the answer, but the analyst in the end has nothing to give. The patient is initiated into an awareness of what they have. This is nothing but the symptom, though how it plays out is limited by fantasy; in fact, given a chance there is a much greater possibility for its employ.

Lacan also explained the analytic situation as an ethical one in Seminar VII (1992). Following Freud, Lacan finds fault with conventional morality, yet does not see an answer in a sort of uninhibited release. As a critic of ego psychology the answer is certainly not supposed to be adaptation, which would be normative. In fact, Lacan states that, “a radical repudiation of a certain ideal of the good is necessary” (p. 230). Analysis does not offer health or happiness. This “good” is of a duplicitous nature. Further, the analyst is marked by a refusal of power or knowledge.

In Seminar XI, Lacan suggests that the end of analysis results in an “absolute difference” (Lacan, 1992). As has been indicated throughout, the analyst avoids anything resembling mastery or domination. Since so much of what keeps the symptom in place is identification, Lacan particularly stresses that the patient should not identify with the analyst. Of course, there is communication. The symptom is a result of a failure of communication (Lacan, 2006). Communication always says less and more than what is intended. In fact, Lacan says the patient is always speaking to himself as well, which is not as strange as it might sound (the Other has been internalized after all). With this in mind Evans (1996) stated that the “task of the analyst is to enable the analysand to hear the message he is unconsciously addressing to himself” (p. 26). The subject must come to admit, accept, or otherwise appreciate, the truth of his or her desire.

This amounts to, in a sense, the assumption of responsibility for one’s desire. This is quite the opposite of working with an autonomous ego toward adaptation. To the contrary, it is unconscious desire that is the object of study in psychoanalysis. Identification in a dual relationship will do nothing to unlock the subject from the captivation of the imaginary. Rather, work in the symbolic can reveal a structure of desire that might be considered the unique organization of the subject. Then, perhaps, the subject may “enjoy” the symptom not as a passive symptom but as an agent of this unique contingency of desire.

Conclusion

This project has made an in depth exploration of Lacan’s claim that therapeutic action takes place at the level of the symbolic order. Freud’s case of Dora supplied a background, and contemporary accounts of therapeutic action focused the investigation.

Lacan's critique of the Dora case and ego psychology helped to clarify the significance between working at the imaginary or symbolic order.

As such, this study should help to expand the limited understanding of Lacan's theory in clinical social work. While there is no intent to suggest that Lacanian psychoanalytic thought is an appropriate fit for all patients or situations, it offers a clear alternative to contemporary theory and technique. Though a focus on the therapeutic action of the symbolic order is far from exhaustive it is an important first step. Lacan is often considered too difficult to read and avoids easy comprehension. This has led to a current climate in which Lacan is underrepresented or misrepresented in curriculum and training texts. However, it is clear that Lacanian thought is at a stage of increased attention. Recent works that suggest the theoretical and practical utility of his thought include: *Schopenhauer's Porcupines: Intimacy and Its Dilemmas* by Deborah Luepnitz (2003), *On Being Normal and Other Disorders: A Manual for Clinical Psychodiagnostics* by Paul Verhaeghe (2004), *The Unsayable: The Hidden Language of Trauma* by Annie Rogers (2007), and Patricia Gherovici's *Please Select Your Gender: From the Invention of Hysteria to the Democratizing of Transgenderism* (2010).

While the research involved in this investigation has brought its author to a place of increased understanding, the project is not particularly groundbreaking. Rather, it is a first step in suggesting that Lacan has a place in social work as a viable alternative and useful tool in clinical practice. The methodology is limited to a somewhat archaic case and may be better served to show Lacanian technique's usefulness in a contemporary case. However, this limit was also a key way of linking Lacan with Freud and reinvigorating the drive model- one that is not limited by biological ties to instinct or

simplistic views of insight. Hopefully, a more nuanced understanding of Freud and Lacan will be incorporated into social work education. It appears a new generation of practitioners are going to Lacan and psychoanalysis to a very different place. This project aligns itself with that spirit: working out a viable, workable form for many people while keeping its unique focus on the desiring subject.

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